Richard J. Codey
Acting Governor

ANNUAL REPORT

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FY 2004

Family Health Services

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

Fred M. Jacobs, MD, JD
Commissioner

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Family Health Services

New Jersey Department of Health and Senior Services

Division of Family Health Services

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INTRODUCTION

The Division of Family Health Services, within the New Jersey Department of Health and Senior Services, works to promote and protect the health of mothers, children, adolescents, and at-risk populations, and to reduce disparities in health outcomes by ensuring access to quality comprehensive care. The Division of Family Health Services encompasses a broad range of programs and services that focus on the health and well-being of families and communities in New Jersey. Our goal is to promote and protect the health of individuals throughout the life span, from the prenatal period, to mothers and newborns, infants, children and adolescents, to adult women and men, and even to seniors. Ultimately we work to enhance the quality of life for each person, family, and community, and to make an investment in the health of future generations.

We accomplish this by administering funding for and overseeing a wide variety of family centered, culturally competent programs and initiatives in the community, including preventive and primary care services. A description of the Division's programs and services and 2004 accomplishments follows. The organizational structure of the Division is discussed separately and should not be confused with the continuum of programs and services that are described in this report based on the primary population served.

The Division also oversees and administers a number of task forces, boards and councils that fulfill legislative intent.

The Division of Family Health Services is supported by State and Federal funding. The combination of funds support population based public health surveillance, public health screening and early detection programs, enabling programs to support high risk or special needs families, and direct services to specific populations. The Division administers over 500 health service grants or letters of agreements with community based agencies to provide the array of public health services.

State Funding – approx. $90,500,000 Federal Funding – approx. $156,850,000

Federal funding is provided through over twenty grants to the Department/Division including but not limited to:

US Department of Agriculture (USDA)
- WIC Services
- Farmers Market
- Senior Farmers Market

US Department of Health and Human Services
- Maternal and Child Health Block Grant (HRSA)
- Preventive Health and Health Services Block Grant (CDC)
- Title X – Family Planning (OPA)
- Childhood Lead Poisoning Prevention (CDC)
- Early Hearing Identification and Detection (CDC)
- Newborn Hearing (HRSA)
- Birth Defect Surveillance (CDC)
- National Down Syndrome Project (Emory University)
- Ryan White Title IV (HRSA)
- National Breast and Cervical Cancer Early Detection Program (CDC)
- Abstinence Education (HRSA)
- Pregnancy Risk Assessment Monitoring System (CDC)

Asthma (CDC)
Diabetes (CDC)
Primary Care Cooperative Agreement (HRSA)
Healthy Start (HRSA)
Morbidity and Mortality Coordination (HRSA)
Early Childhood Comprehensive System (HRSA)

US Department of Education
Early Intervention Part C of IDEA

Organization

The Division of Family Health Services is comprised of four major service units and four offices.

The service units are:

- Maternal, Child and Community Health
- Special Child Health and Early Intervention Services
- Women, Infants and Children (WIC)
- Chronic Disease Prevention and Control

The offices are:

- Office of the Medical Director, Maternal and Child Health Epidemiology
- Office of Primary Health Care
- Office of Women's Health
- Office of Procedural Safeguards for Early Intervention

Maternal, Child and Community Health (MCCH)

This unit supports programs and services to improve the health status of New Jersey families, infants, children and adolescents in a culturally competent manner, with an emphasis on low income and special populations. Family planning, prenatal care, and perinatal risk reduction services for women and their partners, as well as children's programs that focus on preventive initiatives in the areas of asthma, lead poisoning, immunization, injury prevention, oral health, and nutrition and physical fitness, are all part of the MCCH effort.

Women, Infants and Children (WIC)

This unit provides eligible participants with supplemental foods, nutrition education, and referrals to healthcare and other support services. The program also serves as a gateway to preventive health during critical times of growth and development in order to prevent health problems and improve health status of vulnerable populations.

Special Child Health and Early Intervention Services (SCH-EIS)

This unit supports programs and services to ensure that children with special health needs and their families have access to comprehensive, community-based, culturally competent and family-centered care. SCAEIS works with parent groups, specialty medical, educational, and social service providers and a statewide network of case managers to provide coordinated care for children with special health care needs and facilitate the development of community-based services for such children and their families.

Chronic Disease Prevention and Control (CDPC)

This unit provides support for outreach, education, and preventive services including screening for early detection for people with or at risk for cancer, diabetes, asthma, and other chronic diseases.

Office of the Medical Director, Maternal and Child Health Epidemiology

This office promotes the health of pregnant women, infants and children through the analysis of trends in maternal and child health data. It facilitates efforts aimed at developing strategies to improve maternal and child health outcomes through the provision of data and execution of applied research projects.

Office of Primary Care

This office strives to increase access to quality comprehensive preventive and primary health care for the State's medically underserved and uninsured population. Through support of community health centers and recruitment and retention of health professionals, the unit seeks to improve New Jersey's population's health status, to decrease health disparities among sub-groups of the population, and to decrease reliance on hospital emergency department services for non-emergent conditions.

Office of Women's Health

This office was established through legislation (P.L. 2001, Chapter 376) and signed into law on January 8, 2002. It serves as an information and resource center for women's health information and data, and advocates for the implementation of effective strategies to improve women's health. The Office coordinates efforts with other State departments whose services impact in this area, as well as non-governmental providers and community organizations.

Office of Procedural Safeguards, Early Intervention Services

This office ensures the resolution of disputes within New Jersey's Early Intervention System, providing families due process in accordance with the provisions of Part C of the federal Individuals with Disabilities Education Act.

Family Health Line

The Family Health Line operates a 24/7 toll-free number (1-800-328-3838) for New Jersey residents that provides resource and referral information on services for women, infants, children, adolescents, and adults with chronic disease.

In SFY 2004, the Family Health Line responded to an all-time record high of 12,020 calls and made 13,763 referrals. Of the total calls assisted, 3,352 were Women, Infants, and Children (WIC) calls.

Two public awareness campaigns, Federally Qualified Community Health Centers and Breast Cancer Screening, also used the Family Health Line to refer callers to local primary medical and dental health care services and screening mammography services. Over a six month period the Family Health Line received and referred over 1,500 calls for Federally Qualified Community Health Centers and in only two months 1,400 calls for breast cancer screening.

Major Boards and Councils within the Division of Family Health Services

Advisory Council on Adolescent Pregnancy

There are more than 8,000 births to teens in New Jersey each year. Teenage childbearing has ramifications not only for the teen mother and her child, but also for our society. P.L. 1997, Chapter 229, established the Council as a permanent body to coordinate and improve services of state and local government, private and voluntary agencies, community organizations, and schools which seek to serve adolescents at high risk of pregnancy, pregnant adolescents, adolescent parents, and their families.

Newborn Screening Advisory Panel

Advances in screening technologies coupled with public advocacy and demand for expanded newborn screening led the Commissioner of Health and Senior Services to convene this Panel. The Panel assessed the appropriateness of mandating screening for additional disorders. As a result of the Panel's recommendations, New Jersey moved from screening for four biochemical disorders to 20 by SFY 2004. The Panel will meet at least annually to review current practice and make recommendations for improving New Jersey's newborn screening program.

New Jersey Council on Physical Fitness and Sports

In 1999, legislation was enacted to create the New Jersey Council on Physical Fitness and Sports (N.J.S.A. c26:1A-37.5 et. seq.). The Council aims to improve the health and fitness of New Jersey's citizens by:

- Providing and supporting quality educational opportunities;
- Disseminating accurate information about health, fitness, recreation and sports;
- Facilitating and reporting on relevant research initiatives; and
- Advocating for health enhancing policies and legislation.

New Jersey WIC Advisory Council

The WIC Advisory Council is appointed by the Commissioner of Health and Senior Services. The Council brings together representatives from statewide organizations and constituencies that have an interest in the nutritional status of mothers and children to collaborate and advise New Jersey WIC Services and promote the delivery of quality services to WIC clients. During the past year the Council has focused attention on caseload management, outreach, and budgetary management.

New Jersey Diabetes Council

The New Jersey Diabetes Council is advising and assisting the Diabetes Prevention and Control Program to develop a performance improvement plan based on the outcomes of the New Jersey Diabetes Public Health System Assessment. The plan calls for a restructuring of the New Jersey Diabetes Council to involve a broader representation of partners. The partners will develop plans to coordinate efforts statewide to reduce the burdens of diabetes.

Interdepartmental Asthma Committee

Asthma represents a serious and compelling public health problem in New Jersey; it is a complex disease which requires a comprehensive and coordinated response including efforts directed at health care delivery systems, environmental assessment and intervention, education and health policy review. State government recognized the significant challenge of addressing asthma in the State and the need to adopt a broad, multi-departmental approach. To establish an understanding of current efforts and a means of communication to ensure coordination and reduce fragmentation the DHSS created the Interdepartmental Asthma Committee. With representation from multiple units within DHSS, the Departments of Environmental Protection, Education, and Human Services the Committee strives to coordinate, communicate and ensure a comprehensive response to asthma in New Jersey.

Obesity Prevention Task Force

In 2004, legislation was enacted to create an Obesity Prevention Task Force. The Task Force is directed to study, evaluate, and develop recommendations related to specific actionable measures to support and enhance obesity prevention among residents of the State, with particular attention to children and adolescents. The Task Force is to develop and present to the Governor and Legislature a New Jersey Obesity Action Plan by June 2006.

Statewide Interagency Coordinating Council for Early Intervention Services

The State Interagency Coordinating Council (SICC) provides advice and assistance to the Department of Health and Senior Services, which is the designated lead agency in New Jersey for early intervention services, in the development and implementation of policies that support the statewide system. The SICC, comprised of Governor-appointed members representing parents, service providers, various agencies, lawmakers and the community, provides a forum for the stakeholders to meet and share information and ideas for enhanced and improved coordinated services to infants and toddlers with disabilities and their families.

The SICC, established under federal (Part C, Individuals with Disabilities Education Act) and state law, meets every other month. It also forms standing and interim committees that address different issues that arise within the statewide system of providing services and supports for infants and toddlers with disabilities. The SICC prepares and submits an annual report to the Governor and to the U.S. Secretary of Education on the status of early intervention programs within the State.

Women and Bleeding Disorders Task Force

By Executive Order, a Women and Bleeding Disorders Task Force was established to ensure that women with bleeding disorders are appropriately diagnosed and treated. The Task Force, appointed by the Governor, is to

- Review current information and data describing the problem of undiagnosed bleeding disorders in women – with or without menorrhagia;
- Define the need for appropriate testing, diagnosis, and access to treatment options for women with bleeding disorders; and
- Make recommendations to address identified problems/concerns including, but not limited to, education of targeted medical and consumer communities.

The Task Force is to report its findings and recommendations to the Governor and Legislature no later than one year from convening. The fist meeting of the Task Force was held in November 2004.

Women's Health Commission

The Women's Health Advisory Commission was established by statute and is to be a nine member governor-appointed board; appointment of members is currently pending. This Commission will serve in an advisory capacity to the Office of Women's Health by reviewing and making recommendations concerning needs, priorities, programs and policies that affect the health of women.

Publications 2004

- The ***New Jersey Childhood Lead Poisoning Elimination Plan*** was developed with the collaboration of the New Jersey Interagency Task Force on the Prevention of Lead Poisoning; the Plan recommends objectives and strategies for the elimination of lead poisoning in children by 2010. It focuses on five priority areas: identification and follow-up of children with elevated blood lead, surveillance, public and professional education, housing, and environmental hazard reduction.

- ***SFY 2003 Childhood Lead Poisoning Prevention Annual Report*** was published describing the status of childhood lead poisoning in New Jersey including efforts to increase screening, early identification and environmental investigations and abatements.

- ***Miles of Smiles*** newsletter is mailed to each school nurse in the State.

- ***Oral Hygiene for the Young at Heart*** is a newsletter targeted to the older adult.

- ***Early Childhood Health Link Newsletter*** is a publication that promotes health and safety and is disseminated to licensed and registered child care providers in New Jersey. It is developed jointly with the Department of Human Services, Division of Family Development and the New Jersey Chapter of the Academy of Pediatrics.

- ***Childhood Weight Status – NJ 2003 – 2004*** is a retrospective random study of body mass index of New Jersey sixth grade students.

- ***Pediatric hospitalizations for asthma: use of a linked file to separate person-level risk and readmission.*** Preventing Chronic New Jersey Disease [serial online] Apr 2004. Wallace JC, Denk CE, Kruse LK.

- ***Breastfeeding in New Jersey*** and ***Newborn Sleeping Position and SIDS Risk.*** Two data briefs were published as part of the Pregnancy Risk Assessment and Monitoring System (PRAMS) during the past year.

PROGRAMS AND SERVICES

Reproductive and Perinatal Health Services

Family Planning Program

In New Jersey there are 17 funded agencies with 62 sites that are part of the family planning network. These entities include hospitals, local health departments, independent non-profit corporations, and Planned Parenthood affiliates. Agencies are supported by grants using a combination of State and federal funding including Social Service Block, Title X and Maternal and Child Health Block grants. Federal Title X funds are allocated thru two New Jersey grantees, namely; Department of Health and Senior Services and New Jersey Family Planning League. By law no Title X funds are spent on abortion services.

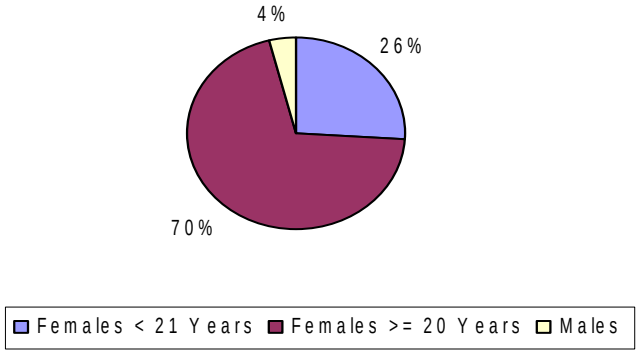
Agencies are involved in the training of health care professionals, outreach and education efforts, data collection and reproductive and preventive health care including STD education, testing and treatment for men and women, and HIV/AIDS counseling, education and testing. Adolescent enhanced services include education, counseling and risk behavior assessment targeted at the prevention of unplanned pregnancy, STD/HIV prevention, unintentional injury, substance abuse, violence, sexual abuse, unhealthy lifestyles and coercion/resistance strategies. Parental involvement and abstinence is encouraged. Access and availability of services are provided without regard to age, sex, race, income level or inability to pay.

In 2004, comprehensive family planning services were initiated for the first time at the Malcolm X Shabazz High School in Newark, via the lead agency, Newark Beth Israel Medical Center, Children's Hospital of NJ/School-Based Youth Services Program. The Shabazz School-Based clinic is now in a position to have an impact on teenage pregnancy, sexually transmitted diseases and other high-risk behaviors of adolescent males and females.

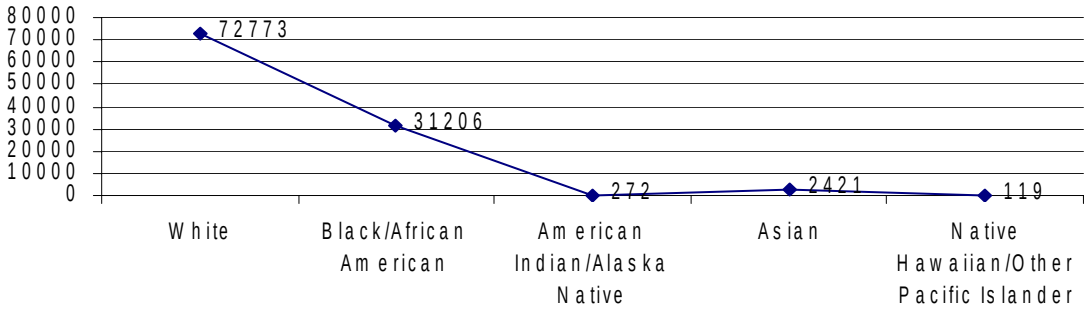
In Calendar Year 2003

- 118,579 clients were served by 17 publicly funded family planning agencies in New Jersey, a 7% increase over Calendar Year (CY) 2002.
- 27.3% of the clients served in CY 2003 (32,396) were below age 21 (2% increase over CY 2002).
- More than 90% of family planning clients lived in households that were below 100% of the federal poverty level.
- Family planning clients received more than 60,000 tests for STDs and HIV.
- Only 18% of clients seen in publicly funded family planning clinics are Medicaid recipients.
- Outreach and education activities conducted by the family planning agencies reached more than 35,000 New Jersey residents in CY 2003.

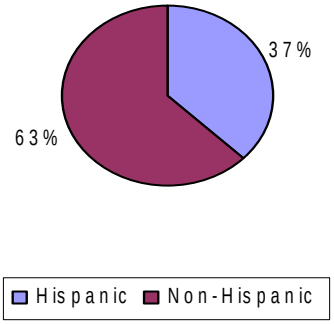
FP Clients, 2003: Sex & Age



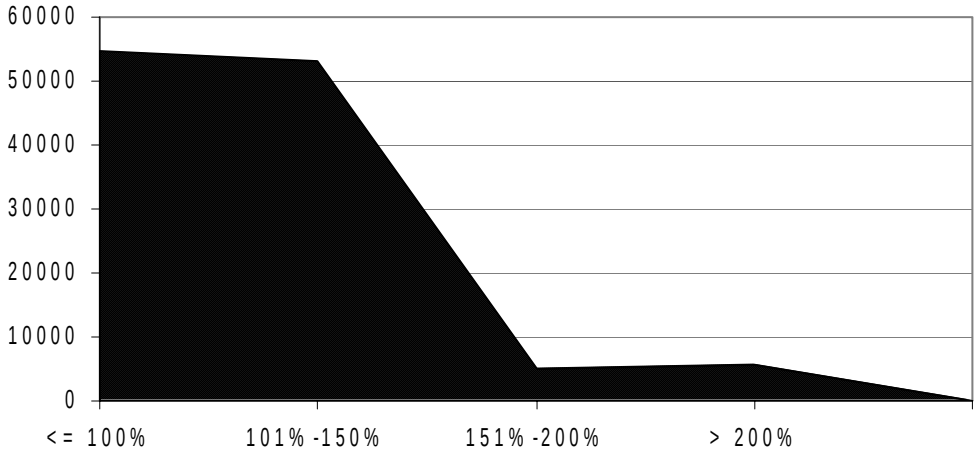
FP Clients, 2003: Race



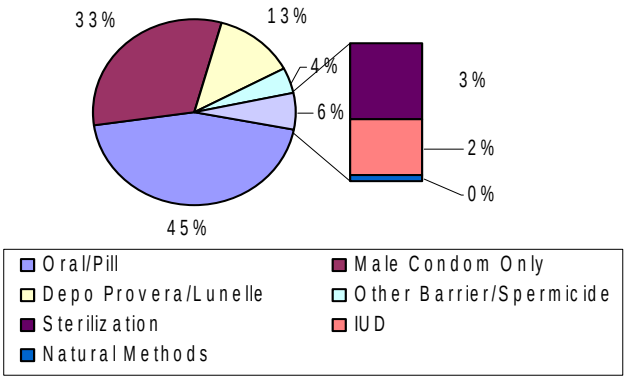
FP Clients, 2003: Hispanic Origin

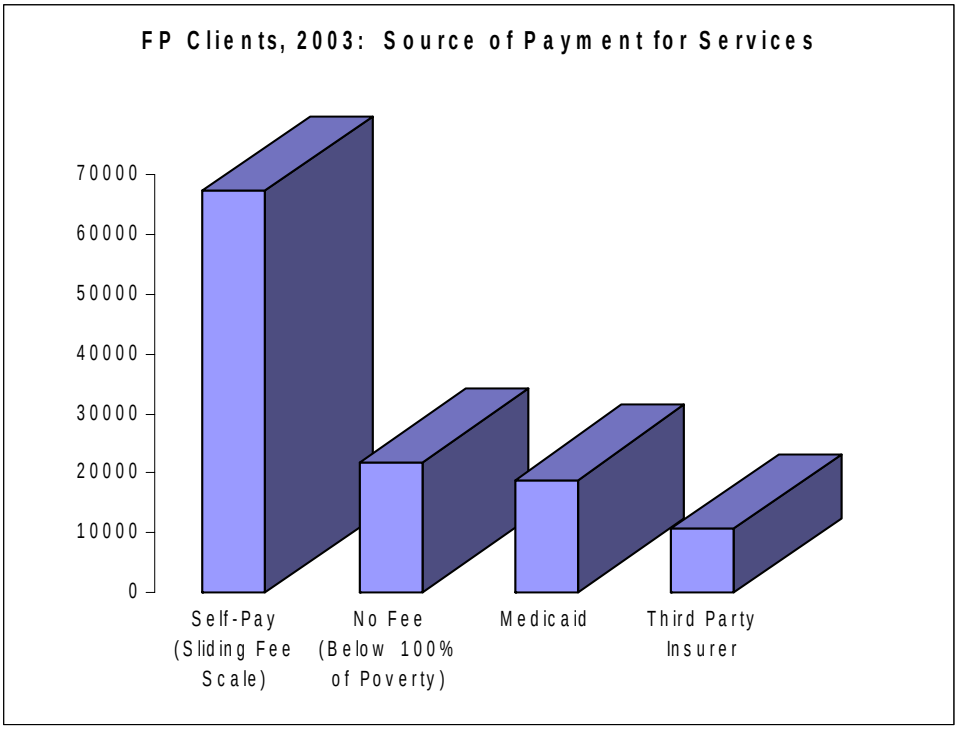


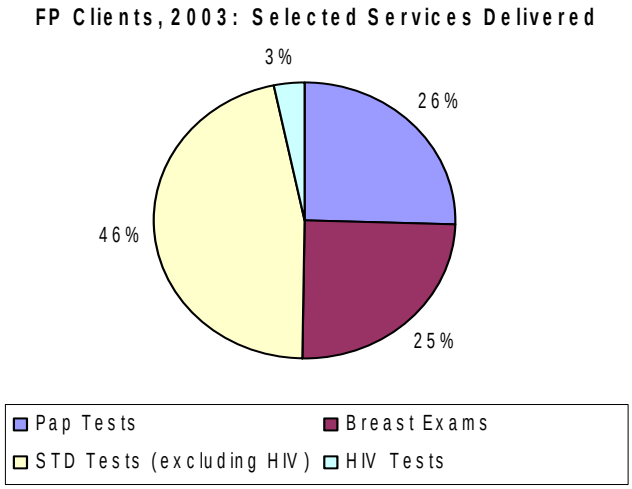
FP Clients, 2003: Poverty Level



FP Clients, 2003: Contraceptive Methods Used




FP Clients, 2003: Source of Payment for Services
70000
60000
50000
40000
30000
20000
10000
0
Self-Pay (Sliding Fee Scale)
No Fee (Below 100% of Poverty)
Medicaid
Third Party Insurer


FP Clients, 2003: Selected Services Delivered
3%
26%
46%
25%
Pap Tests
Breast Exams
STD Tests (excluding HIV)
HIV Tests

Maternal and Child Health Epidemiology

MCH research projects presented at national conferences in SFY 2004 include:

- Denk CE, Kruse L. Persistence of prenatal care utilization across pregnancies in New Jersey. Presented at the 9th Annual Maternal Infant and Child Health Epidemiology Conference, Tempe, AZ, December 2003.
- Ezra M, Kruse L, Morton I. Race/ethnicity, nativity and perinatal mortality in New Jersey: implications for prenatal care and women's health. Presented at the 9th Annual Maternal Infant and Child Health Epidemiology Conference, Tempe, AZ, December 2003.
- Morton I, Huang J, Kruse L. Prenatal care use after welfare reform: an update on New Jersey's immigrant mothers. Presented at the 9th Annual Maternal Infant and Child Health Epidemiology Conference, Tempe, AZ, December 2003.
- Denk CE, Kruse L, Rotondo F. Longitudinal patterns of breastfeeding initiation. Presented at the American Public Health Association Conference, San Francisco, CA, November 2003.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project of the Department of Health and Senior Services, the Centers for Disease Control and Prevention (CDC), and Center for Public Interest Polling at Rutgers. Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants by improving access to high quality prenatal care, reducing smoking during pregnancy, and encouraging breastfeeding.

One out of every 33 mothers with newborn infants is surveyed each month, with about 3,000 women interviewed each year. The questionnaire addresses their feelings and experiences before, during and after their pregnancy. Leading topics include:

- Pre-conception health, pregnancy intention, and assisted reproduction;
- Prenatal care and health insurance;
- Maternal and infant health care;
- Maternal smoking and alcohol use during pregnancy;
- Breastfeeding;
- Infant sleep position and other SIDS risk factors; and
- Partner abuse.

MCH Data Trends

- The number of births to NJ residents (114,643 in 2002) has been very slowly decreasing over the past ten years. Births to Hispanics and Asians are increasing.
- The infant mortality rate (IMR) in NJ remains level at 6.3 infant deaths per 1000 births for 2000 and 2001 (most recent data available). The National IMR is slightly higher (6.8 in 2001) and has been slowly decreasing. The rate of Black infant mortality compared to White infant mortality remained constant for 1998-2001. Black infant mortality was still 2.4 times greater than White infant mortality during that period.
- Very low and low birth weight rates have slowly increased over the last ten years due to the rise in multiple births.

- Low birth weight rates have remained stable among single births.
- Prenatal care (PNC) utilization rates for NJ mothers remain slightly less than the national average. First Trimester PNC initiation has dropped between 1999 and 2004 while the Adequacy of PNC (# of PNC visits adjusted for gestation age) has risen.
- Breastfeeding rates at hospital discharge are slowly increasing.

NJ Fetal and Infant Mortality Review

Fetal and Infant Mortality Review (FIMR) is a process which investigates factors associated with fetal and infant mortality. Increasing the understanding of the circumstances and factors associated with fetal and infant deaths assists state and local agencies to assess needs, improve the social and health care delivery system, target resources, and develop policies for women, infants, and their families. In SFY 2004, the nine FIMR projects reviewed approximately 270 fetal-infants deaths. A report summarizing statewide findings is being prepared with an anticipated release date of early Spring 2005.

NJ Maternal Mortality Review

New Jersey's obstetricians, through the Medical Society of NJ, have been reviewing maternal deaths for over 70 years. Beginning in the 1970's, the New Jersey Department of Health and Senior Services (NJDHSS) joined the obstetricians in the review efforts, improving surveillance and increasing the number of cases referred for review. In 1999, the NJDHSS implemented a revision of the traditional physician-based maternal mortality review to one using the FIMR model to review and investigate maternal deaths.

The NJ Maternal Mortality Review defines a maternal death as a “pregnancy-associated death, the death of a woman, from any cause, while she is pregnant or within one year of termination of pregnancy, regardless of duration and site of the pregnancy.” The first New Jersey Maternal Mortality Review Report, which includes findings from pregnancy-associated deaths for the years 1999, 2000, and 2001, is being prepared, with an expected release date of Spring of 2005.

Outreach, Education and Enabling Services for Pregnant Women and their Families

Maternal and Child Health Consortia (MCHC)

There are six regional MCHC in New Jersey. The consortia are private non-profit 501(c) (3) organizations and are licensed and regulated by the NJ Department of Health and Senior Services as central service facilities. Members include perinatal and pediatric providers, hospitals, consumers, and community-based agencies, including any group or individual with an interest in health services for families.

The MCHCs' primary functions are to provide prevention activities, consumer and professional education, total quality management, data analysis, infant and pediatric follow-up, coordination of perinatal/pediatric transport systems and the development of comprehensive perinatal/pediatric regional plans. The consortia receive financial support from all of the hospitals in New Jersey with maternity and/or pediatric services as well as their members.

The MCHC also are recipients of federal and state grants including many from the Division of Family Health Services to support perinatal risk reduction, fetal/infant mortality review, outreach and education, and childhood lead poisoning prevention.

Additionally, in collaboration with the DHSS – Immunization Program the MCHCs were awarded grants to expand the enrollment of children in the immunization registry. The MCHCs made 1,323 contacts with health care providers that resulted in the enrollment of 8,720 children into the New Jersey Immunization Information System Registry.

Healthy Mothers, Healthy Babies (HM/HB) Coalitions

Eight Healthy Mothers, Healthy Babies (HM/HB) Coalitions were established by the New Jersey Department of Health and Senior Services (NJDHSS) in 1985 as part of a $1.83 million infant mortality reduction initiative. This initiative targets the 11 cities at highest risk for poor pregnancy outcomes. The cities include Atlantic City, Camden, East Orange, Irvington, Jersey City, New Brunswick, Newark, Orange, Paterson, Plainfield and Trenton. These community-based coalitions include consumers, community agencies, providers and other organizations or individuals with an interest in improving the health status of families in the target cities.

Healthy Mothers, Healthy Babies consumer outreach and education activities include:

- Preconception health education; parenting classes; mentoring programs; empathy belly and "Baby Think It Over" doll programs; "Game of Life"; "Pregnant Pause"; "Comenzando Bien"; Baby Health and Safety Showers; pregnancy testing and either preconception or prenatal counseling; pregnancy prevention and STI workshops; and car seat and seat belt usage.

Professional training for health and social services workers include:

- Identifying domestic violence and depression; resources for emergency food, shelter and clothing; newborn and infant developmental screening; parent education; breast feeding; lead poisoning prevention; cultural competency training; and substance abuse prevention.

In SFY 2004 the State funded Healthy Mothers, Healthy Babies Coalitions served over 40,500 women of childbearing age through outreach activities including education and counseling. Case management services were provided to over 21,600 families. Over 490 community education programs and 100 professional education programs were conducted with over 11,700 and 2,000 participants, respectively.

Perinatal Addictions Prevention Project

The Perinatal Addictions Prevention Project strives to shape new systems and improve existing ones so that substance-using pregnant women in this state can be identified, assessed and treated. The development of a uniform screening tool, the 4P's Plus, that will facilitate data collection was a critical step in this process. During the past year, the tool was modified, piloted and finalized and is now being used throughout the state in the majority of the clinics affiliated with hospitals. This data will be compiled and used to plan programs and treatment for the pregnant women of New Jersey.

During the past year each of the MCH consortia has worked on updating a directory of perinatal addiction resources in their regional area. The Risk Reduction Coordinators use this information to assist providers in their area to locate appropriate referral services.

Professional education continues to be a major activity of the Perinatal Addiction Prevention Projects with information about Methadone use, perinatal depression, smoking, the 4P's Plus, domestic violence and diagnosis and treatment of Fetal Alcohol Spectrum Disorders among the topic areas this past year.

For the fiscal year ending June 30, 2004

4P's Plus Evaluation Data		Percent
Number of Women Screened	14,254	
Number at Risk for Alcohol	1,363	9.6%
Number at Risk for Cigarettes	1,935	13.6%
Number at Risk for Violence	379	2.7%
Number Presently Using Alcohol	164	1.2%
Number Presently Using Drugs	78	.5%
Number of Referrals Indicated	685	4.8%

Isaiah House Healthy Start Mother and Child (MaC) Program

Isaiah House Healthy Start Mother and Child (MaC) Program, located in the city of East Orange, is supported with federal funds through a DHSS grant to the East Orange Health Department. The goals are to improve pregnancy outcome for women of childbearing age and reduce a high infant mortality rate for residents in the city of East Orange. The program's "core services" are provided to 350 plus clients and include case management, outreach and client recruitment, home visits, interconceptional care, depression screening, and health educational workshops to staff and local providers. For the FY 2004 the agency met its target of serving the client population.

Black Infant Mortality Reduction

Health service grants are awarded to seven agencies throughout the state for outreach and other direct services to Black women of childbearing age. The goal of these grant projects is to reduce the health disparity between the black and white infant mortality rates in New Jersey through innovative community programs that include unique strategies to decrease Black infant mortality and low birth weight. These projects began year five in July 2004.

The Black Infant Mortality Reduction (BIMR) Resource Center was established at the Northern Maternal Child Health Consortium in 1999 to advance efforts to reduce the high rates of Black Infant Mortality. This Center serves as both a professional and community resource center for New Jersey.

Sudden Infant Death Syndrome Assistance Center (SIDS) of New Jersey

This service is a collaboration of UMDNJ-Robert Wood Johnson Medical School and Hackensack University Medical Center. Services include: bereavement counseling for families of children who die from SIDS, training for first responders and other health professionals, and professional and public education. The Center also maintains surveillance data on SIDS cases in New Jersey.

New Jersey Supplemental Nutrition Program For Women, Infants and Children (WIC).

WIC was created by the US Congress in 1972 in response to concerns that a significant number of women, infants, and children from families with inadequate income are at special risk in respect to physical and mental health. In 1974, New Jersey implemented one of ten programs nationwide. The Program provides eligible participants with supplemental foods, nutrition education, and referrals to healthcare and other support services. The program also serves as a gateway to preventive health during critical times of growth and development in order to prevent health problems and improve health status of vulnerable populations.

In 2004:

- 258,000 women, infants and children received program benefits, including supplemental foods, breastfeeding education, nutrition counseling, and access to healthcare and referrals to other appropriate service providers.
- Over 170 clinic locations operated throughout the State.
- $22 million in infant formula rebates allowed WIC to provide nutritional foods to 33,500 additional program participants.
- Since the inception of the infant formula rebate cost containment initiative in 1989, New Jersey has received over a quarter of a billion dollars in rebate earnings from formula companies under contract with the State. These earnings have allowed WIC to serve many additional program participants at no cost to the taxpayers of the State.

New Jersey WIC Farmers' Market Nutrition Program:

The New Jersey WIC Farmers' Market Nutrition Program began in 1994 as part of the nationwide effort to provide fresh, unprepared, locally grown fruits, vegetables and herbs directly to WIC participants and to expand the awareness and use of local farmers' markets. WIC participants receive four $5 vouchers to purchase fresh fruits, vegetables and herbs from local farmers.

The program is funded by the United States Department of Agriculture (USDA). The New Jersey Department of Health and Senior Services, in collaboration with the New Jersey Department of Agriculture, administers the program through 18 local WIC agencies.

In 2003, the program served over 64,000 WIC participants, including pregnant, breastfeeding, and postpartum women, and children ages 2 through 5 years. In 2004, 22 new farmers were recruited and eight new farmer's markets opened, bringing to 356 the number of farmers participating in this WIC program. Several faith-based and community agencies participate as outreach partners in various communities.

Newborn, Infant and Toddler Services

Newborn Screening for Metabolic and Biochemical Disorders

Newborn screening is an essential, preventive public health program for early identification of disorders that can lead to catastrophic health problems. Newborn Screening and Genetic Services Follow-up Program is responsible for ensuring that:

- all infants testing outside normal limits for a newborn screening disorder receive prompt and appropriate confirmatory testing;
- all infants diagnosed with newborn screening disorders are maintained on appropriate medical therapy through communications with parents, physicians, and medical specialists; and
- parents, practitioners and consumers receive educational materials about each disorder.

The Program provides oversight and partial funding to specialty care centers for metabolic and genetic services, pediatric endocrine services, pediatric hematological services, pediatric pulmonary services and specialized confirmatory and diagnostic laboratory services.

In SFY 2004:

- Biochemical screening of newborns was expanded to include six additional Organic Acidemia disorders. The number of mandated disorders screened increased from 14 to 20.
- Funding was provided to UMDNJ/Robert Wood Johnson Medical School to coordinate the development, revision and distribution of laminated educational sheets on each disorder detectable by newborn screening in New Jersey. The materials will be distributed to obstetricians, nurse midwives, pediatricians, and family practice physicians.

NEWBORN SCREENING PROGRAM STATISTICS
STATE FISCAL YEAR 2004

DISORDERS	Number of Babies Screened	Babies with Abnormal Results Reported to Follow-up (#)	Babies Confirmed with Classical Disease (#)	Babies with Variant Form of Disease (#)
Phenylkentonuria (PKU)	113,404	34	7	6
Congenital Hypothyroidism	113,404	1619	53	37
Galactosemia	113,404	221	1	70
Sickle Cell Disease	113,404	104	23	26
Cystic Fibrosis	113,404	267	11	1

Congenital Adrenal Hyperplasia	113,404	731	10	3
Maple Syrup Urine Disease	113,404	1	1	0
Biotinidase Deficiency	113,404	342	3	11
Fatty Acid Oxidation Disorders[1]				
Medium Chain Acyl-CoA Dehydrogenase (MCAD) Deficiency	113,404	75	3	0
Short Chain Acyl-CoA Dehydrogenase (SCAD) Deficiency	113,404	75	3	0
Long Chain Acyl-CoA Dehydrogenase (LCAD)Deficiency	113,404	75	0	0
Very Long Chain Acyl-CoA Dehydrogenase (VLCAD) Deficiency	113,404	75	0	0
Urea Cycle Disorders				
Citrullinemia	113,404	1	0	0
Arginosuccinic academia	113,404	0	0	0
Organic Acidemias[1, 2]				
Methylmalonic Acidemia	78,092	23	0	0
Propionic Acidemia	78,092	23	1	0
Glutaric Acidemia, Type I	78,092	23	0	0
Isovaleric Acidemia	78,092	23	0	0
3-Hydroxy-3-Methylglutaryl CoA Lyase Deficiency	78,092	23	0	0
3-Methylcrotonyl-CoA Carboxylase Deficiency	78,092	23	0	0
TOTAL for 2004		3458	117	154

There were approximately 2937 additional babies reported with a sickle cell trait in 2004.

[1]Fatty Acid Oxidation Disorders and Organic Acidemias Disorders are counted collectively, not individually.

[2]Organic Acidemias Disorder Testing was implemented October 6, 2003.

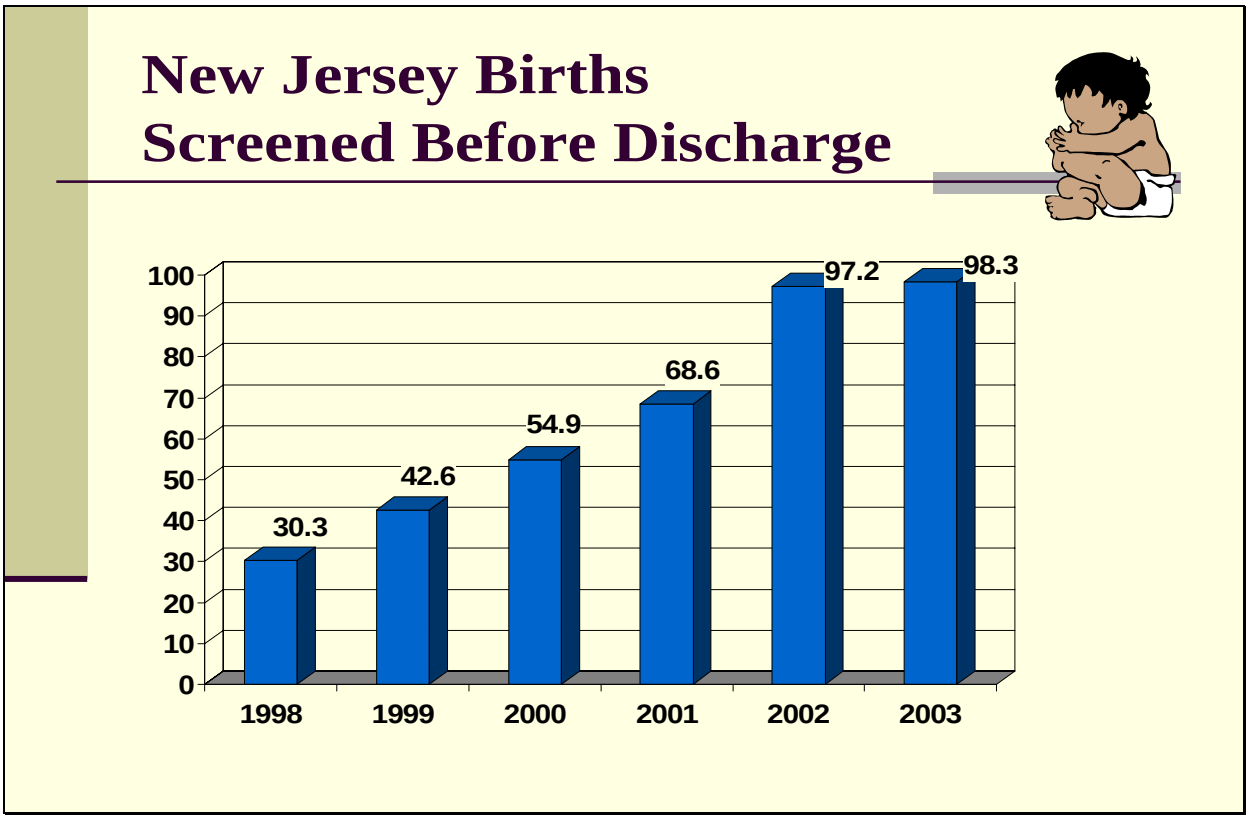
There were 40 abnormal results reported to follow-up as 'Possible amino acid disorder'. Currently these disorders are not mandated but are detected using current technology. If these disorders are suspected, affected babies are followed by NBS until the babies are cleared of the disorder or diagnosed with the disorder.

Early Hearing Detection and Intervention (EHDI)

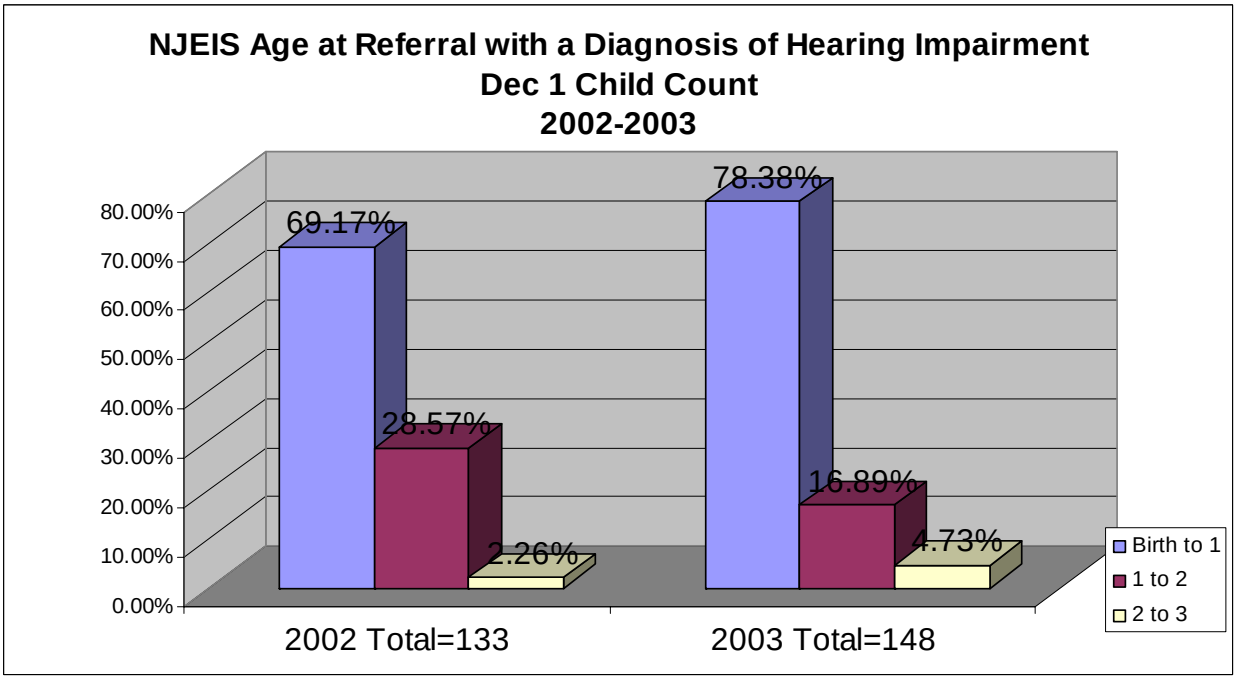
Mandated by P.L.2001 c.373, NJSA 26:2-103, this program is responsible for overseeing universal newborn hearing screening, maintaining the EHDI tracking system for children with hearing loss, and linking families with services. The Early Hearing Detection and Intervention Program ensures all children born in New Jersey are screened for possible hearing loss. Children with any level of hearing loss are offered services through the Special Child Health Case Management System and the New Jersey Early Intervention System (NJEIS). Diagnostic hearing services are available on a sliding fee scale through Child Evaluation Centers located throughout the State.

In Calendar Year 2003:

- 98.3% of babies discharged home from New Jersey hospitals had their hearing tested, with 109,041 babies receiving screening. This is an improvement over the screening rate of 97.2% in calendar year 2002.
- Of babies born in 2003 that did not pass their inpatient test, 54% had outpatient follow-up testing reported, an improvement over the 2002 rate of 44%.
- Of babies born in 2003, there were 51 babies reported to the Special Child Health Services registry with a diagnosis of hearing loss as of May 2004. Forty-five of these babies were registered before the goal of 6 months of age, an increase over 2002 births with 37 babies registered by 6 months.



This table documents the percentage of newborns discharged from New Jersey hospitals who had their hearing tested for the years 1998 - 2003.



Birth Defects Registry and Monitoring Program

The Special Child Health Services Registry, mandated by NJSA 26:8-40 and NJAC 8:20, is a confidential database of children with birth defects and/or other special medical, health or developmental needs. The Registry links families to case management services and provides data for epidemiological analysis. This is the oldest established birth defects registry in the country.

In SFY 2004, the Program received a cooperative agreement from CDC for improvements to the Birth Defects Surveillance system. The Program executed a three year Memorandum of Agreement (MOA) with Rutgers, The State University – Eagleton Institute, to develop a new electronic Birth Defects Registry System (BDRS). The MOA will result in an updated data system that will improve reporting from hospitals and medical providers and improve the information transfer between the Department and the County-based Case Management Units.

The 2003 Franklin Award for outstanding volunteerism from the March of Dimes, Central Jersey Chapter, was awarded to Birth Defects staff member Mary Knapp.

In SFY 2004, the SCHS Registry:

- Received over 14,000 registrations, of which about 8,000 were new to the Registry. The rest were updates to previous registrations;
- 7000 families of all living children were directly referred to the Special Child Health Services (SCHS) Case Management Units.

Table of SFY by Type of Diagnosis

SFY	Special Needs	Birth Defects	Total
SFY02	2639	5236	7875
SFY03	2847	5186	8033
SFY04	2244	5393	7637

National Down Syndrome Project

New Jersey participates in a national case-control study investigating causes of non-disjunction of chromosome 21, funded by the National Institute for Child Health and Human Development and Emory University. New Jersey is responsible for interviewing and collecting buccal samples from 240 cases plus controls.

New Jersey's Early Intervention System (NJEIS)

The New Jersey Department of Health and Senior Services (DHSS) is designated by the State of New Jersey as the lead agency for early intervention for children, birth to age three, with developmental delays/disabilities and their families. As such, DHSS is ultimately responsible for implementing its general

supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with the Part C requirements under the Individuals with Disabilities Education Act (IDEA).

For a comprehensive review of the past year, the Early Intervention Annual Performance Report is available at www.nj.gov/health/fhs/eiphome.htm.

During SFY 2004, New Jersey's Early Intervention System implemented numerous fiscal and programmatic changes including establishing a central management office, converting to fee for service reimbursement for qualified providers, implementing a revised family cost share for services, and increasing the number of providers to make services more accessible to families.

Improving fiscal and programmatic management of the system was a priority in SFY 2004. As a result a Central Management Office was established in January 2004. The Central Management Office (CMO) is designed to:

- Establish a comprehensive data system that provides short and long term financial projections on the cost of early intervention services, monitors actual utilization of services versus planned or anticipated use, and monitors statewide utilization and equity;
- Increase accountability by establishing data triggers on performance indicators and benchmarks as criteria for monitoring;
- Maximize funding streams;
- Allow time and efforts of family members and providers to be focused on service provision rather than on funding issues by consolidating funding under a "pay and chase" system of payment;
- Ensure timely reimbursement to providers;
- Ensure the timely provision of services to eligible children and their family;
- Meet the financial and data reporting needs of various federal, state, and local fund sources and avoid duplication of effort to collect, maintain and report relevant data;
- Monitor and manage the level of early intervention resources so as not to exceed availability;
- Provide on-line access to information using appropriate safeguards to ensure the rights of the child and family;
- Maximize provider involvement and options through consolidated and streamlined enrollment and tracking of credentialed personnel; and
- Incorporate the Individualized Family Service Plan (IFSP) as the document that establishes need, and authorizes payment for services for eligible children and their families.

The Department's proposal to revise the family cost share system of payment for early intervention services was open to public comment. Three public hearings were held in the north, central and southern regions of the state. Final policy and procedures submitted to the federal Office of Special Education Programs became effective March 1, 2004.

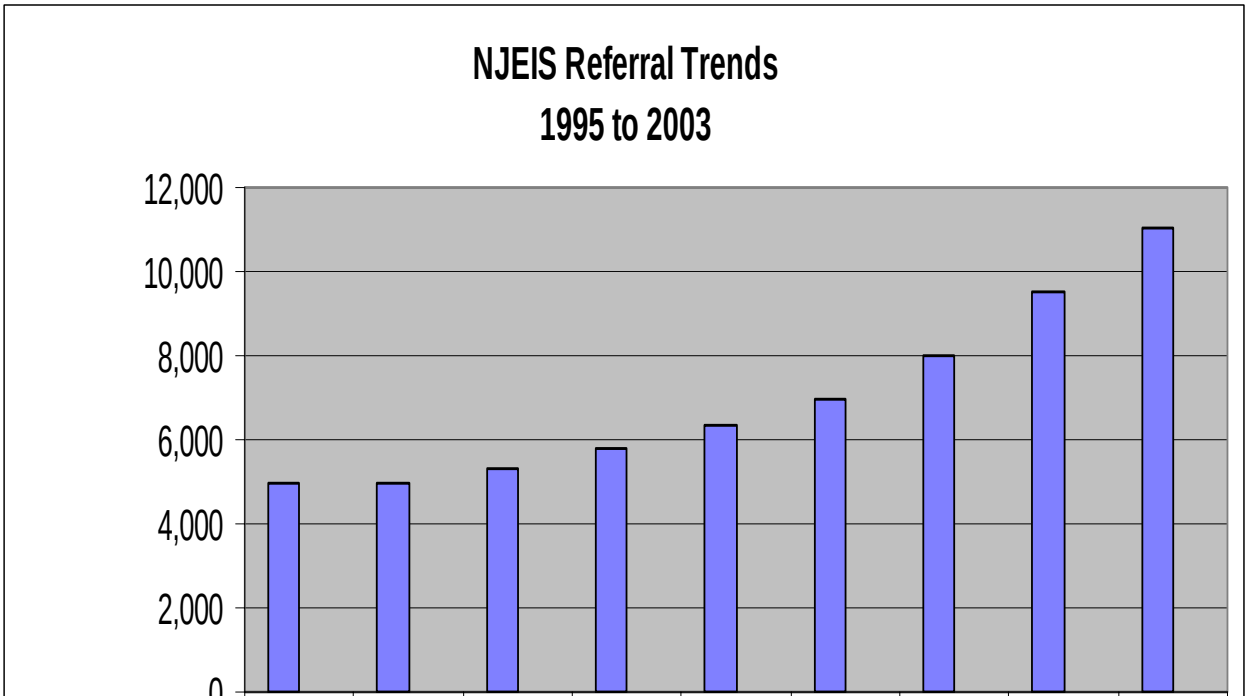
NJEIS established statewide rates for implementation of a fee for service system effective July 1, 2003 and a total of thirty-four new provider agencies contracted to provide early intervention services, increasing the capacity of the state to ensure the provision of needed IFSP services.

NJEIS was selected as one of six states to work with the staff of the Early Childhood Outcome Center in North Carolina to develop a General Supervision Enhancement Grant (GSEG) proposal that was

submitted by SRI International on our behalf. Although an award was not granted in 2004, the program was pleased to collaborate with the ECO Center because of their national leadership role in developing outcome measurement systems for young children with disabilities and their families. The program also believes that the door has been opened for future collaborative opportunities.

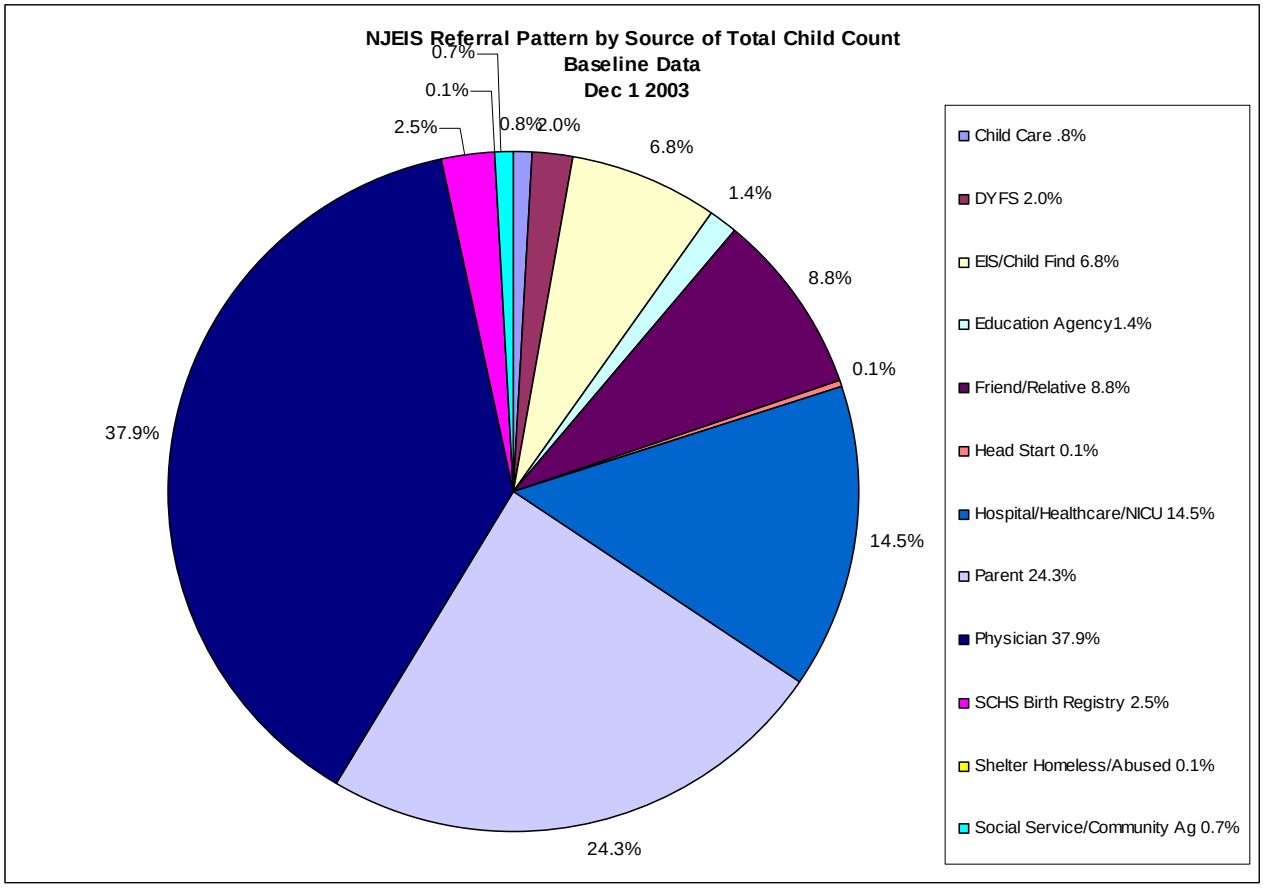
In SFY 2003

- Referrals – 11,008
- Evaluations – 9,755
- Individualized Family Service Plans – 14,271
- December 1, 2003 IFSP Count 8,085
- December 1, 2002 - 2003 growth rate – 11.49%

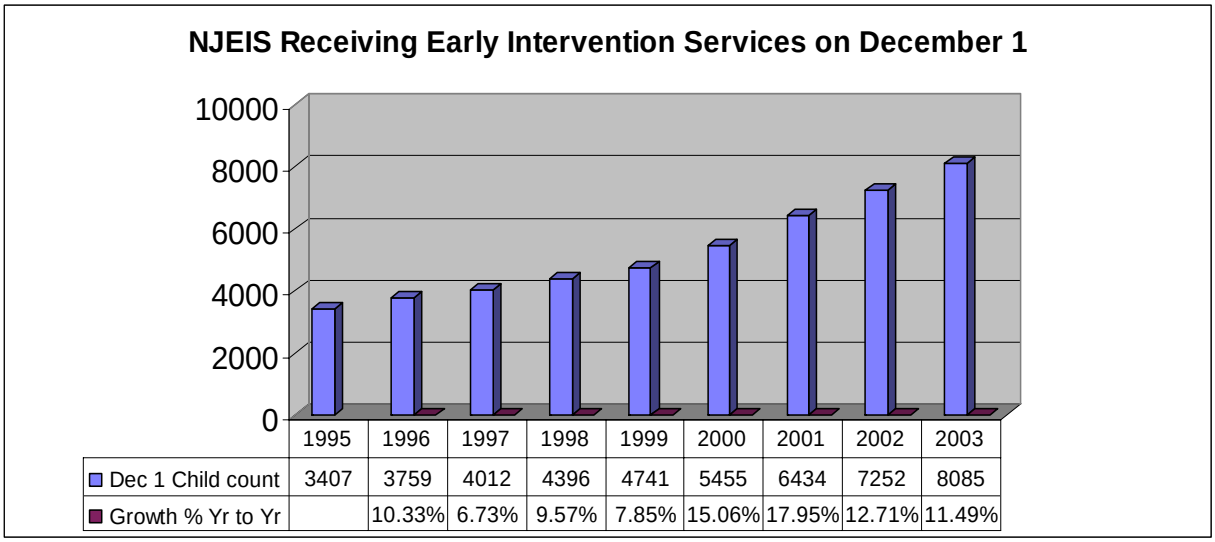


	SFY95	SFY96	SFY97	SFY98	SFY99	SFY00	SFY01	SFY 02	SFY 03
# of Referrals	4,937	4,960	5,331	5,785	6,329	6,963	7,984	9,484	11,008
Growth % Yr to Yr		0.47%	7.48%	8.52%	9.40%	10.02%	14.66%	18.79%	16.07%

NJEIS Referral Trends 1995 to 2003: This table documents that NJEIS has experienced significant growth in the number of cumulative referrals received each year from 4,937 in 1995 to 11,008 in SFY 2003.

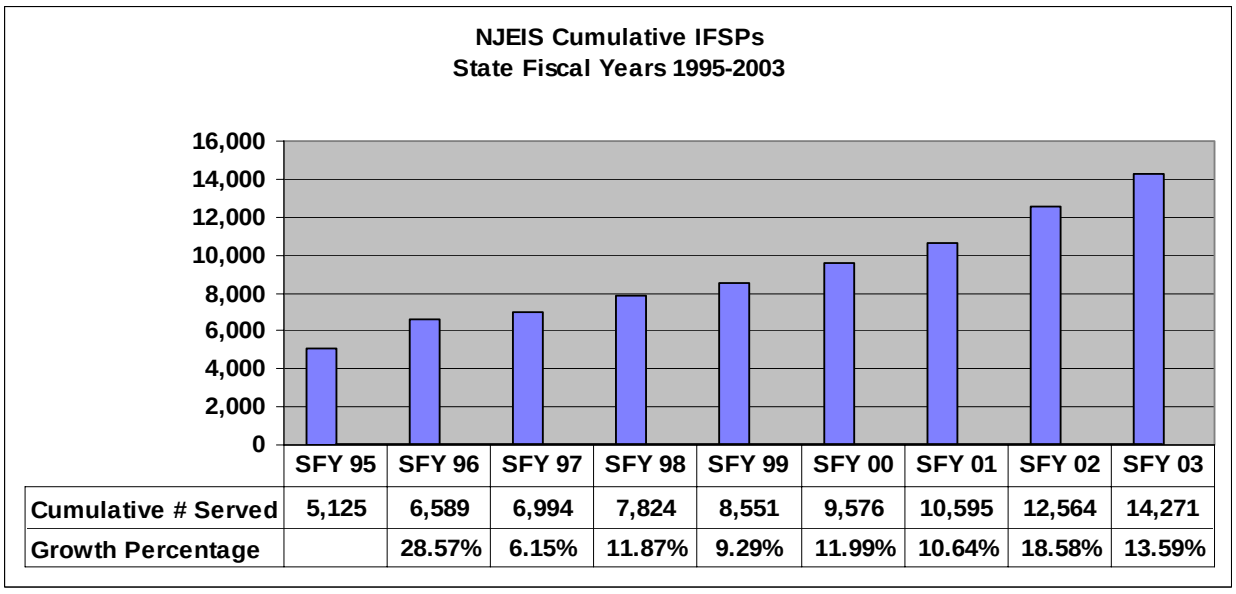


NJEIS Referral Pattern by Source of Total Child Count: This table documents referral sources on all children with Individual Family Service Plans (IFSPs) on December 1, 2003. Physicians have the highest referral rate at 37.9% followed by parents at 24.35% and hospitals/health care NICU at 14.5%. This documents that the highest percentage of referrals is made through health and medical referral sources. The System Point of Entry software has been designed to collect primary referral source data by asking families how they heard about the NJEIS.



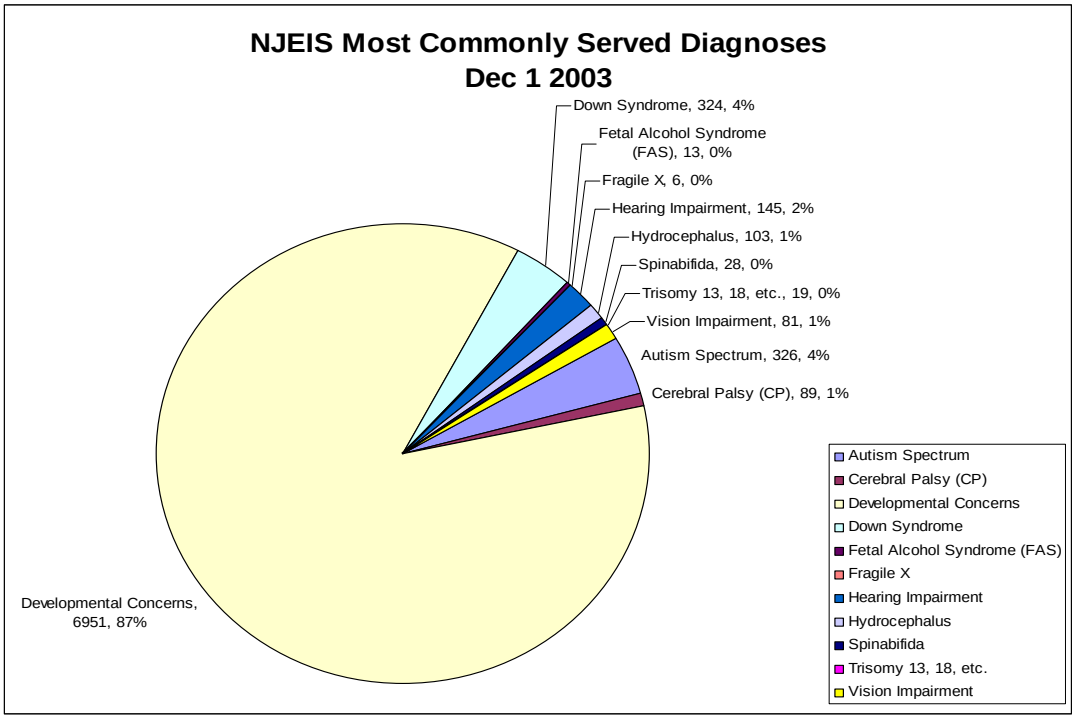
	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dec 1 Child count	3407	3759	4012	4396	4741	5455	6434	7252	8085
Growth % Yr to Yr		10.33%	6.73%	9.57%	7.85%	15.06%	17.95%	12.71%	11.49%

Early Intervention Services on December 1: NJEIS has experienced significant growth each year ranging from a low of 6.73% growth in 1997 and a high of 17.95% growth in 2001. The average annual growth percentage since 1995 is 11.5%. In 2001 the NJEIS served over 2% of the birth to three population followed by a slowing trend in the growth percentage.

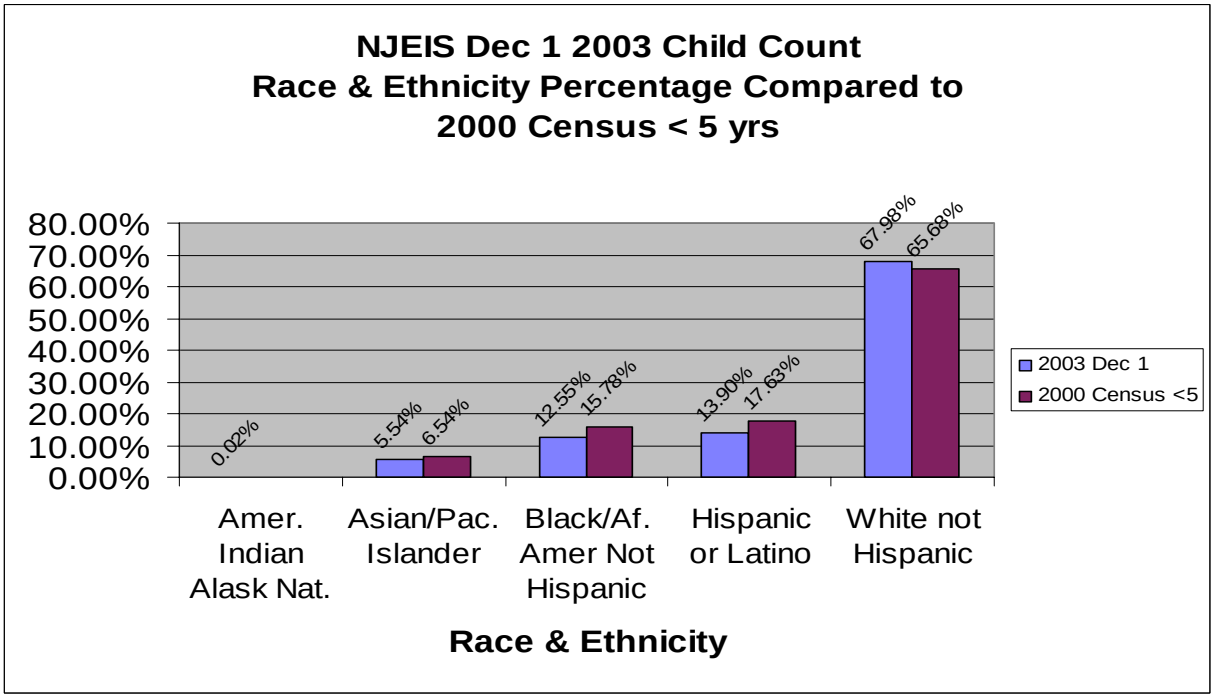


	SFY 95	SFY 96	SFY 97	SFY 98	SFY 99	SFY 00	SFY 01	SFY 02	SFY 03
Cumulative # Served	**5,125**	**6,589**	**6,994**	**7,824**	**8,551**	**9,576**	**10,595**	**12,564**	**14,271**
Growth Percentage		**28.57%**	**6.15%**	**11.87%**	**9.29%**	**11.99%**	**10.64%**	**18.58%**	**13.59%**

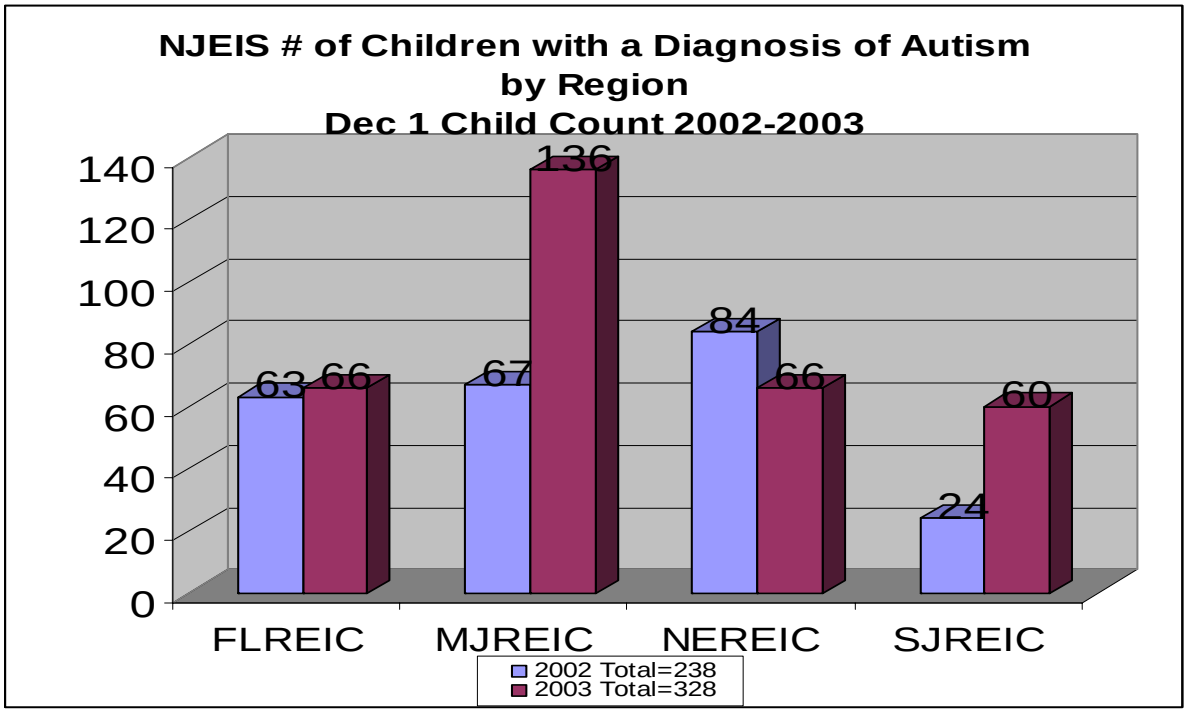
NJEIS Cumulative IFSPs: This table documents an unduplicated cumulative number of children with IFSPs served during each fiscal year from 1995 through 2003 and documents growth since 1995.



NJEIS Most Commonly Served Diagnosis: This table documents that as of December 1, 2003, 1,134 enrolled children were eligible for Part C by diagnosis and 6951 enrolled children were eligible due to significant developmental delay(s).

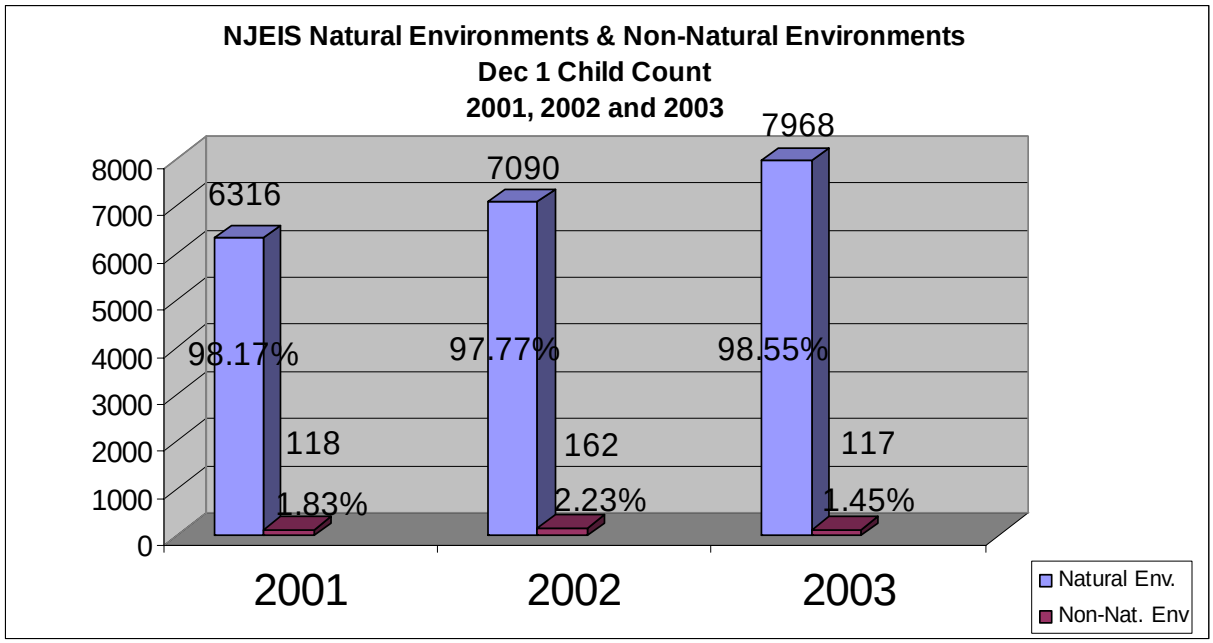


NJEIS December 1, 2003 Child Count Race and Ethnicity Percentage Compared to 2000 Census , 5 years: This table reports on the race/ethnicity of children in the NJEIS on December 1, 2003 as compared to the race and ethnicity on the 2000 Census. There appears to be a fairly proportionate representation of race and ethnicity to state demographics.



NJEIS Number of Children with a Diagnosis of Autism by Region: This table illustrates the trend of the total number of children with a diagnosis of autism by region from the December 1 record audit.

FLREIC – Family Link Regional Early Intervention Collaborative
MJREIC – Mid –Jersey Regional Early Intervention Collaborative
NEREIC – North-East Early Intervention Collaborative
SJREIC – South Jersey Early Intervention Collaborative



NJEIS Natural Environments & Non-Natural Environment: This table illustrates how well the NJEIS is doing in meeting the natural environment requirements. (Natural environments mean: a setting in which children without special needs ordinarily participate such as at home, the community or a child care center.)

Child and Adolescent Health Services

Child Health

Child health services work to improve the health, safety, and well being of children and families in New Jersey. Supported programs are designed to promote and protect the health of parents and children with an emphasis on at-risk populations, through assessment, policy development and assurance of access to quality services, in collaboration with other State agencies, local health departments, and community-based agencies. Programs emphasize the adoption and maintenance of healthy behaviors, preventive services, and primary care, with a strong commitment to excellence at all levels. State level responsibility includes coordinating initiatives and grant activities in the areas of Prevention Oriented Services for Child Health, Childhood Lead Poisoning Prevention, Child Care Health Consultation, Early Childhood Comprehensive Systems Planning, Nutrition and Fitness, and Oral Health.

Childhood Lead Poisoning Prevention

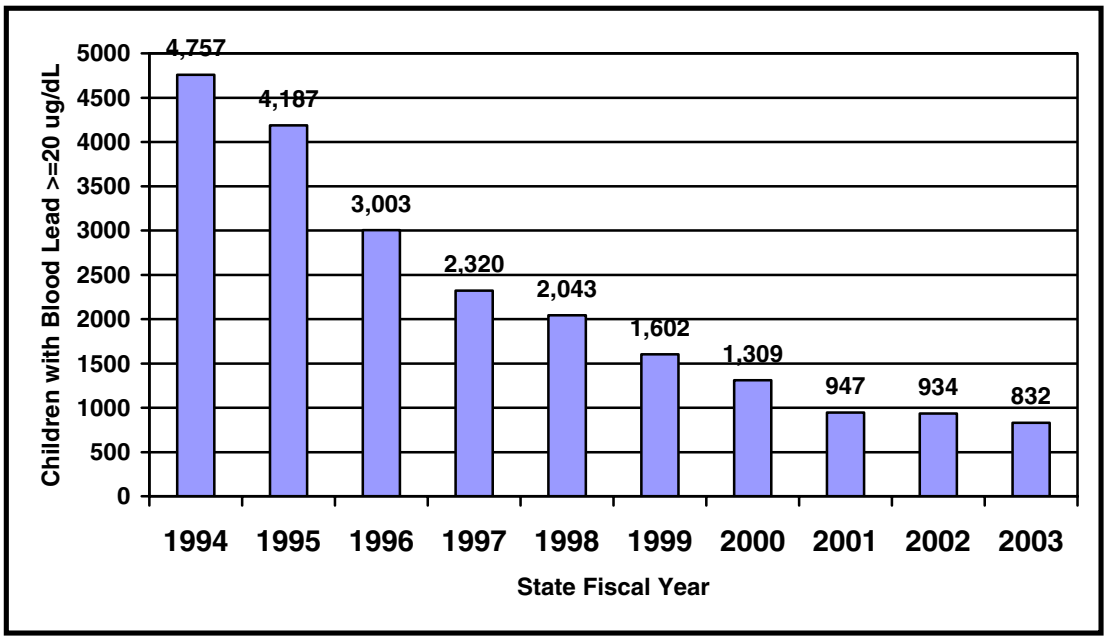
Lead exposure is most damaging to children under six years of age, particularly those between six months and three years old, because their neurological system and organs are still developing. Lead's effects on the nervous system are particularly serious and can cause learning disabilities, hyperactivity, decreased hearing, mental retardation and possible death.

State law N.J.S.A. 26:2-137.2 (1996) requires health care providers to screen all children in their care less than six years of age for lead poisoning. Regulations (N.J.A.C. 8:51) require all children to be screened at approximately 12 and 24 months of age, as well as children three to five years of age who have not previously been screened. This schedule conforms to current CDC guidelines. The lead screening law also required laboratories to report the results of all blood lead tests of children to the DHSS. This requirement became effective in July,1999. The Childhood Lead Poisoning Surveillance System (CLPSS) receives and records these reports. The system identifies elevated test results and notifies the local health department in whose jurisdiction the child resides. These notices are tracked to monitor local health department compliance.

The 1971 State law (N.J.S.A. 24:14A) that banned the use of lead paint also required local boards of health to investigate reported cases of lead poisoning. Regulations were adopted as Chapter XIII of the New Jersey State Sanitary Code to implement the provisions of the law. The regulations require local health departments to conduct an environmental investigation of all reported cases of children with elevated blood lead, which is defined as one confirmed result $\geq$ 20 ug/dL, or two results $\geq$ 15 ug/dL. When the investigation finds lead in a hazardous condition, they are required to order the property owner to abate the hazard, and to monitor to assure compliance. Local health departments are also required to have a public health nurse perform a home visit to educate the parents and provide case management assistance.

The SFY 2003 Annual Report on Childhood Lead Poisoning in New Jersey can be found at www.nj.gov/health/fhs/chshome.htm. In SFY 2003, 172,932 children were tested, a 25% increase over FY 2000 when reporting of all tests was initiated. The percentage of all children in the target age group (six months to 2 ½ years of age) who were tested increased from 35% in FY 2001 to 40% in FY 2003. An estimated 68% of all two-year-olds in New Jersey have received a blood lead test in their lifetime.

In SFY 2003, 5,230 children were identified with elevated (≥ 10 ug/dL) blood lead. This is 3% of all children tested. 832 children (0.5% of all children tested) were identified with elevated blood lead levels ≥ 20 ug/dL. These children were reported to their local health departments for follow-up. In the decade between 1994 and 2003, the number of children reported annually with blood lead levels ≥ 20 ug/dL decreased from 4,757 to 832, a decrease of 82%.



To promote lead screening, a tool kit *"Educating Physicians in their Communities: Lead"* was developed in collaboration with the New Jersey Chapter of the American Academy of Pediatrics. The kit was piloted at 12 pediatric practices in Trenton through the Trenton Children's Futures initiative.

The "*Prevent Lead Poisoning"* video received four national awards: the CINE Golden Eagle Award; the Special Jury Award (Best in Category); and two Telly Awards, one in "Health & Medicine" and another in "Safety". This video, which gives lead poisoning prevention messages through rap music, was developed by Program staff and produced through New Jersey Network.

DHSS is providing funding to purchase 80-100 on-site blood lead testing machines. These "LeadCare" analyzers provide a blood lead level in three minutes. This rapid test result eliminates one of the major barriers that have been identified for lead screening - the inability of parents to take their children to off-site laboratories to have blood drawn for testing. It also enables children who have elevated results to receive immediate referrals for follow-up care. These machines are being distributed to the Federally Qualified Health Centers (FQHC), local health departments, and other safety-net pediatric providers.

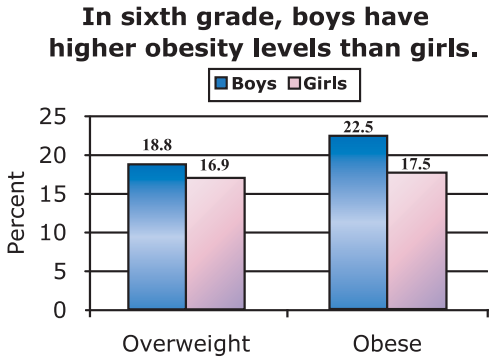
Four regional Childhood Lead Poisoning Prevention Coalitions promote lead screening and lead hazard awareness through local and regional events and organizations. The regional coalitions are also assisting the Department of Community Affairs in increasing public awareness of the availability of lead hazard abatement funds from the new Lead Hazard Control Fund established by Public Law 2004, chapter 311.

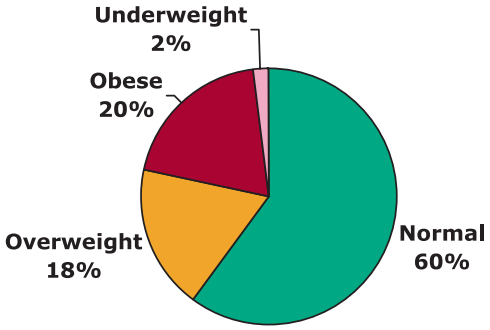
Childhood Obesity Prevention

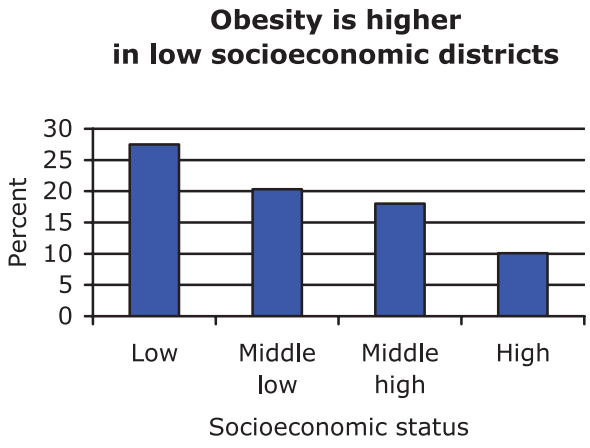
Obesity in childhood is a growing global concern and New Jersey is not exempt. In the United States, the percentage of overweight children has doubled in youth ages 6-11 and tripled in youth ages 12-19 in the last thirty years. Obesity places young people at risk for life-long health problems including high cholesterol, high blood pressure, early heart disease, stroke, asthma, depression and diabetes. Additionally, a young person's health is associated with his/her academic performance. Since childhood patterns of nutrition and physical activity are key factors in obesity prevention, early intervention is important.

In 2004, the first statewide retrospective survey of height and weight status of almost 2,400 sixth grade students was conducted in 40 randomly selected schools from varying socio-economic districts. The survey was conducted in collaboration with the Department of Education to establish a baseline estimate of weight status. This data will be used to guide state policy, planning and evaluation to address the obesity epidemic in New Jersey.

New Jersey results indicate that 60 percent of sixth grade students are of normal weight. Twenty percent of sixth grade students are obese and 18 percent are overweight.







***definitions:** in children and teens, body mass index (BMI) is used to assess weight status. BMI is based on growth charts for age and gender. The BMI was used in this study to categorize sixth grade students.

Source: US Centers for Disease Control and Prevention. Division of Nutrition and Physical Activity. BMI-for-Age tables are available at http://cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm.

Health and Child Care

Child health nursing staff collaborates with the Department of Human Services in providing health and safety training to public health nurses and Health in Child Care coordinators in each county to facilitate health and safety consultation for local child care providers. As part of this effort, a Universal Child Health Record Form was developed. As of October 2004, this form is required for children's health records at all licensed child care centers in New Jersey. In FY 2003, the form was piloted at licensed child care centers and school districts in Trenton and Newark.

A multipart curriculum on *Medication Administration in Child Care* was developed and trainings were conducted during the year.

Early Childhood Health Link Newsletter – New Jersey Edition is distributed quarterly to regulated child care providers via the 21 county Unified Child Care Agencies (10,000 copies each quarterly). The newsletter is a joint effort among the Academy of Pediatrics – NJ Chapter, NJ Department of Human Services, and the Department of Health and Senior Services.

Prevention Oriented System for Child Health – A home visiting program

Prevention Oriented System for Child Health (POrSCHe) home visiting is a relationship-based service that considers health holistically and requires assessment, intervention and evaluation that is based on the specific needs of children and their families over a period of time. It implies voluntary participation, mutual respect and a desire and willingness to enhance the parent-child relationship. The POrSCHe nurse home visitor has many roles in the provision of services to families—advocate, supporter, educator, resource, health promoter and friend.

Eleven home visiting projects provide services to at least 1,500 families with children less than three years of age at risk for adverse health or developmental outcomes. The programs also include children with lead poisoning in those areas of the State that are not directly supported for a separate childhood lead poisoning prevention project. Nurse home visitors identify child and family needs and provide parenting support and anticipatory guidance in areas of nutrition, safety, growth, development and parent-child interaction.

In 2004, standard home visiting tools and a new data system for monitoring children and evaluating the program were developed and implemented. The program will now have the ability to track the frequency of home visits, service referrals, and the health and developmental outcomes for children and their families.

The Intergenerational School Breakfast Program (ISBP)

New Jersey WIC Services, in collaboration with the NJ Department of Agriculture and the DHSS Division on Aging and Community Services, created the Intergenerational School Breakfast Program. The Program pairs adult volunteers with young children, pre-kindergarten through the third grade, during the school breakfast program. The purpose of the ISBP is to cultivate an intergenerational approach for ensuring that young children, with the support of volunteers, have access to good nutrition early in life. The adults serve as role models for young children, read storybooks with nutrition messages, and encourage the children to eat breakfast.

Since inception of the program in 1999, ISBP has placed 165 volunteers in 24 schools across eight school districts in four counties. Volunteers put in more than 4000 hours and touched the lives of more than 6000 children participating in school breakfast.

A "teaching kit" was developed and provided to all volunteers. The kit includes a tote bag containing eight children's books with nutrition themes, nutrition support materials and a volunteer training manual.

In 2004, four separate articles about the program and its volunteers were published in the Asbury Park Press, The Home News Tribune, and The Trenton Times.

Oral Health Education

A statewide Preventive Oral Health program, coordinated through a system of regional Preventive Oral Health Coordinators (dental hygienists), provide preventive oral health and hygiene education for preschool and school-age children, school staff, and parents, and support school-based Fluoride Mouth-rinse programs.

In FY 2004

- Approximately 46,000 school age children participated in the weekly fluoride mouth-rinse program "Save Our Smiles".
- Over 40,000 children received preventive oral health education in school and community settings through a variety of age appropriate teaching methods such as formal classroom presentations and oral health teaching kits.
- Approximately 3,700 children and parents received oral health education by participating in community health fairs.

WIC Moms Reading for Love

New Jersey WIC Services implemented WIC Moms Reading for Love, a literacy program, designed to help children read at or above grade level by the end of the third grade. The new reading program is devoted to motivating parents and caregivers to read to children. Efforts are targeted to WIC agencies located in the Abbott Districts of Newark, Vineland, Pleasantville, Elizabeth, New Brunswick, West New York, Camden, Jersey City, Passaic, and Plainfield. This past year WIC Services secured $125,000 funding from the USDA for the continuation and expansion of this program.

Adolescent Health

The Adolescent Health Program strives to provide youth serving organizations with education and training opportunities. The annual Adolescent Health Conference held on November 14, 2003 was attended by over 250 adolescent services providers. The focus of the conference was violence prevention. Mr. Randy Ross, Coordinator of the New Jersey Cares About Bullying Program, presented on bullying behavior, domestic violence, sexual and emotional abuse and bias crime. Additionally, a Bullying Prevention Training was held on November 20, 2003 for approximately 30 representatives of the Community Partnership for Healthy Adolescents grantees. As a result of the program, the participants were able to share their knowledge and strategies learned with parents, educators, students, law enforcement, community and government leaders in their respective communities.

Community Partnerships for Healthy Adolescents

Grants support efforts of ten communities to strengthen adolescent-focused partnerships, focusing on efforts to ensure that adolescents have the knowledge, skills and resources needed to attain and maintain positive health habits and reduce harmful risk-taking behaviors. The partnerships involve a broad network of community stakeholders representing youth and their families, educators, schools, youth and family-serving organizations, public agencies, faith-based organizations, health officials, health care providers, law enforcement, the business sector, and policy makers.

The partnerships jointly develop, implement and evaluate activities and/or strategies to address the highest priority adolescent health issues in their targeted community. The activities and strategies incorporate a positive youth development approach that is founded upon evidence-based research or "model" programs. During SFY 2004, 21,767 youth were served through the Community Partnership for Health Adolescents programs.

Some highlights of activities undertaken by the partnerships include:

- A Gang Awareness Task Force, involving both youth and adults, in Sussex County was established. Collaborators included the Gang Intelligence Unit and the Juvenile Justice Commission.
- One partnership is collaborating with the NJ State Bar Foundation to implement a comprehensive bullying prevention program using the Olweus model in Montclair Highland middle schools for the 2004-2005 school year.
- A Recognition and Appreciation Proclamation was issued by the mayor of Asbury Park to the Youth Advisory Board of Prevention First for their valuable community services and for being actively involved as an advisory group to the Asbury Park Police Department.
- 212 high school and middle school students participated in a program for students at risk of suspension. 25% of these students were referred, with their families, for Family Guidance counseling. All students were educated in anger management and conflict resolution strategies by the Family Guidance counselors. Almost 60% of the students were mentored by PAL and enrolled in physical activities at the gym.

Teen Pregnancy Prevention / Teen Parenting

ADOLESCENT BIRTHS PROFILE
New Jersey

	1997	1998	1999	2000
Total Female Population				
10-14	259,762	264,690	272,615	287,615
15-19	247,049	251,468	252,339	254,196
Number of Births to Teens under 20				
10-14	197	160	167	125
15-17	3,211	3,082	2756	2642
18-19	5,413	5,579	5469	5385
Total	8,821	8,821	8,392	8,152
Percent of Total Births to Teens	7.8%	7.7%	7.4%	7.1%
Birth Rate				
15-17	21.0	20.1	18.0	16.6
18-19	56.3	56.5	55.2	56.9
15-19	34.7	34.1	32.6	31.6
Repeat Births to Teens < 20 (1)	20.6%	20.3%	20.1%	19.0%
Births to Unmarried Teens < 20 (2)	90.0%	89.5%	89.4%	89.3%
Percent of Teens Who Received First Trimester Prenatal Care	54.2%	53.8%	52.7%	50.4%
Percent of Teens Who Received No Prenatal Care	2.5%	2.0%	2.2%	1.8%
Chlamydia Rate - Females 15-19 (3)	1671.7	1856.7	1684.2	1593.1
Gonnorhea Rate - Females 15-19 (3)	602.7	622.7	590.9	554.4
Teens Aged 13-19 Living w/HIV/AIDS (4)	324*	351*	177**	199**
Females as a % of All Persons Living with HIV/AIDS (5)	35.9%	36.3%	36.5%	36.1%

Data is from the Center for Health Statistics unless otherwise noted.

(1) The Right Start for America's Newborns: A Decade of City and State Trends (1990-2000). 2003. The Annie E. Casey Foundation, Baltimore MD.

(2) Facts at a Glance. 2002. Child Trends.

(3) New Jersey Department of Health and Senior Services, Division of Communicable Diseases, Trenton, NJ.

(4) New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control. December 1997 - December 2000. Trenton, NJ.

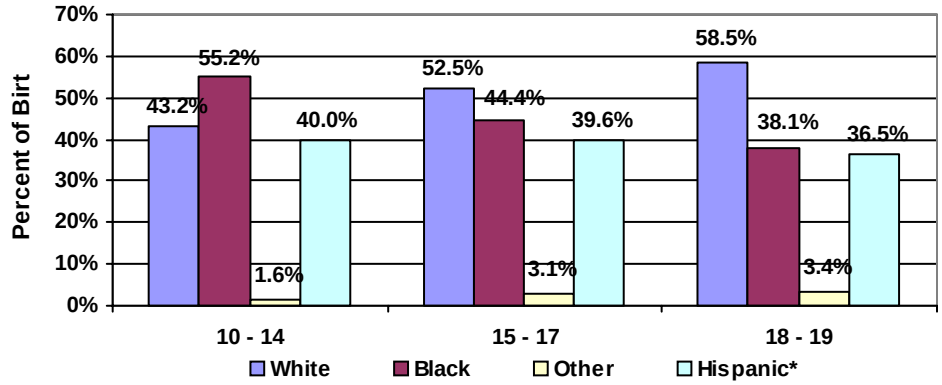
* 1997 and 1998 were persons who were classified at time of AIDS diagnosis or first HIV report.

** 1999 and 2000 represent the current age of persons with HIV/AIDS

Adolescent Births by year, and percent of change

Age	1991	1993	1995	1997	1999	2000	% Change 91 - 99	% Change 91 - 00
10 - 14	243	279	226	197	167	125	-31.3	-48.6
15 - 17	3,660	3,586	3,585	3,211	2,756	2,642	-24.7	-27.8
18 - 19	6,192	5,470	5,512	5,413	5,469	5,385	-11.7	-13.0
Total Teens	10,095	9,335	9,323	8,821	8,392	8,152	-16.9	-19.2
% of Total	8.3%	7.9%	8.1%	7.8%	7.4%	7.1%		
Total State Births	121,545	117,841	114,935	113,332	113,810	115,542	-6.4	-4.9

Percent of Teen Births by Age, Race and Ethnicity in New Jersey, 2000



Source: New Jersey Health Statistics 2000. 2003. NJDHSS. New Jersey Center for Health Statistics, Trenton, NJ.

Adolescent Parenting

Serving adolescent parents, FamCare, an Adolescent Parenting grantee, has implemented a parenting education program for pregnant and parenting girls and boys at Bridgeton High School, Cumberland County, in collaboration with that school's School-Based Youth Services Program. The School-Based Youth Service Program has requested the expansion of this program to Cumberland Regional High School.

Abstinence Education

The Abstinence Education program was created by federal welfare reform law through the addition of section 510 to Title V of the Social Security Act, and provided New Jersey with funding support starting in 1998 and continuing to the present.

New Jersey's abstinence education program supports nine community based programs that focus on youth ages 10 – 14 and stresses three elements of the federal definition of abstinence education:

- Teach that abstinence from sexual activity is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases, and other associated health related problems;
- Teach young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
- Teach the importance of attaining self-sufficiency before engaging in sexual activity.

In SFY 2004, 13,794 youth ages 10-14 received comprehensive abstinence education. This represents an increase of 1,381 students served over SFY 2003.

Injury Prevention

New Jersey is one of eight states participating with the North East Injury Prevention Network and is included in the January 2004 publication *Regional Poison Data Book.*

In collaboration with the Department of Human Services' Traumatic Loss Coalitions, Family Health Services co-sponsored the 2nd Annual Suicide Prevention Conference "Critical Issues in Youth Suicide" on May 6, 2004.

The Federal Maternal Child Health Bureau supported a study by the Cecil G. Sheps Center for Health Services Research, University of North Carolina, Chapel Hill, to identify the factors associated with the low rate of adolescent suicide in New Jersey. The result is a report ***Promising Practices to Prevent Adolescent Suicide: What We Can Learn from New Jersey***. Following are a few excerpts from that report:

> *"New Jersey has had the lowest state-level adolescent suicide rate for more than a decade. During the past 20 years, New Jersey has implemented a wide variety of policies and programs identified in the professional literature as important in addressing teen suicide. Collectively, they appear to have played a major role in reducing the rate of adolescent suicide to the lowest in the nation. ……. There is also a high degree of collaboration among the large number of state and local organizations involved in the effort to assist at-risk youth."*

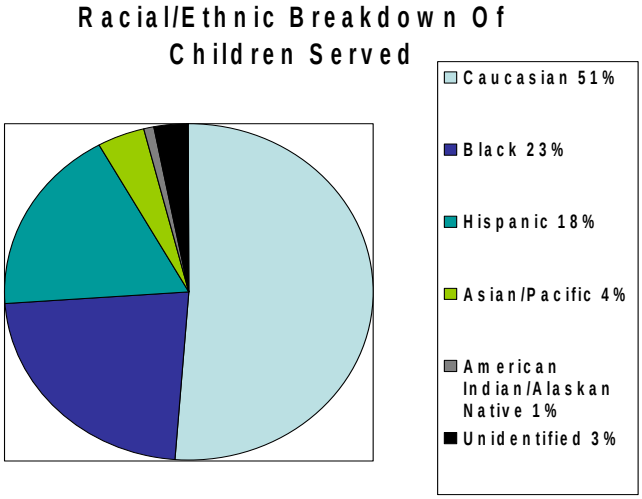
Services for Children with Special Health Care Needs

Case Management

To facilitate access to community based, culturally competent services for children with special health care needs aged birth to 21 years, the program supports, in part, a statewide network of 21 county based Special Child Health Services Case Management Units (CMUs) and one community based family support/advocacy agency. The CMUs are housed in community based organizations, and are partially funded by the County Boards of Chosen Freeholders. In operation for nearly 23 years, the CMUs serve as single point of entry for the Early Intervention System.

In SFY 2004, there were 10,500 new referrals, of which 21% were SSI (supplemental security income) and almost 35% were enrolled with Medicaid or FamilyCare. Nearly 57% were under age 5, 30% were aged 5-13 years, 10% were aged 14-19 years, 2% were aged 20-21 years, and 1% was unreported. A greater emphasis on transition to adulthood among youth with special health care needs resulted in a 6% increase in the number of adolescents and young adults with special needs served through the CMUs in SFY 2004 over SFY 2003.

100% of referrals to the case management system are followed up to determine the need for information or assistance. Referrals of special needs children originate from the Birth Defects Registry, Social Security Administration, Catastrophic Illness in Children Relief Fund, self referrals, community based referrals, physicians, and others.



The Program also operates a fee for service appliances program to assist socio-economically challenged families in the purchase of medications to treat asthma and cystic fibrosis, hearing aids, orthopedic braces, orthotics and prosthesis. The fee for service program offers a sliding fee payment scale.

In comparison with SFY 2003 (130), SFY 2004 (144) yielded a 10% increase in the number of hearing aids reimbursed through the fee for service program. This increase is attributed to several factors including mandatory electrophysiological newborn hearing screening, earlier reporting to the Birth Defects Registry and referral to the CMUs, outreach by the CMUs, and the linkage between the CMUs and Early Intervention Services.

Child Evaluation Centers

A total of eleven hospital based Child Evaluation Centers (CEC) provide comprehensive multidisciplinary evaluation of children ages birth to 21 years with congenital or acquired neurodevelopmental and behavioral disorders, follow-up audiological diagnostic testing for children identified through the newborn hearing screening program, and regional centers for diagnosis and management of fetal alcohol syndrome. These service providers are supported, in part, by Special Child Health Services to ensure the availability of evaluation services for children who are uninsured or underinsured. There is a sliding fee scale available in all the centers to assist families in need.

In SFY 2004

- Nearly 11,000 children received a multidisciplinary team evaluation by a CEC.
- Of children served, approximately 45 percent were enrolled in one of the Medicaid programs, four percent were receiving SSI benefits and approximately four percent were uninsured. Sixty percent of children seen were between the ages of five and 13 years.
- The most frequently observed diagnostic categories for children seen at a CEC were Attention Deficit Hyperactivity Disorder, Behavioral Disorders, Learning Disabilities, Speech problems and Autism.

In collaboration with the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities, the Fetal Alcohol Syndrome Centers facilitated planning and implementation of a two-day international conference titled, "The Truth and Consequences of Fetal Alcohol Syndrome." Nearly 350 consumers, advocates and professionals convened in Atlantic City to promote prevention, screening, diagnosis and treatment of fetal alcohol spectrum disorders.

Ryan White Title IV

This program was established in 1988 as a pediatric HIV demonstration project funded by the federal Health Resources Services Administration, and has expanded its focus to provide comprehensive, coordinated HIV services for women, infants, children and youth and other affected family members. Services provided at seven regional centers include outreach, HIV counseling and testing, medical management, social support, case management, and access to research.

The number of clients/beneficiaries served in 2003: 3,867. Of these clients, 21% are Latino, and 67% are African American.

Gender	HIV Status	Under 2 Years	2-12 Years	13-24 Years	25-44 Years	45-64 Years	65 Years & Older	Age Unknown	Total
Male	HIV +	10	161	126	438	401	24	0	1160
	HIV -/Unkn	176	53	12	45	34	4	3	327
Female	HIV +	6	177	210	1006	431	25	0	1855
	HIV -/Unkn	143	70	30	91	142	33	9	518
Trans-gender	HIV +	0	0	2	2	2	0	0	6
	HIV -/Unkn	0	0	0	0	0	0	0	0
Unknown	HIV +	0	0	0	0	0	0	0	0
	HIV -/Unkn	0	0	0	1	0	0	0	1
Total	HIV +	16	338	338	1446	834	49	0	3021
	HIV -/Unkn	319	123	42	137	176	37	12	846
Total Clients		335	461	380	1583	1010	86	12	3867

During FY 2004, the Ryan White Title IV staff planned and conducted a statewide training centering on the family approach to reducing HIV transmission in infants, adolescents, and women. Attendees included experts in the provision of HIV care and treatment. The objectives included the incorporation of age-sensitive approaches to disease management in adolescents, recognizing the impact of "Prevention for Positives," and describing the clinical interventions specific to HIV treatment in women and perinatal transmission.

Pediatric Tertiary and Cleft Lip/Palate Services

Eight hospital based Centers of Excellence (three Pediatric Tertiary and five Cleft Lip/Palate Craniofacial Anomalies Centers) provide regional, multidisciplinary pediatric specialty and subspecialty services to children from birth to 21 years with birth defects, chronic diseases, cleft lip/palate and craniofacial anomalies, handicapping conditions or those at risk for handicapping conditions. These services are supported, in part, through a grant from Special Child Health Services to ensure the availability of specialized pediatric services for medically fragile children who are uninsured or underinsured. A sliding fee scale is available for socio-economically challenged families.

The Tertiary Centers provide coordinated comprehensive services for children and their families. Examples of pediatric subspecialties most utilized were: cardiology, oncology, gastroenterology, neurology, immunology and pulmonology.

The range of services in the Cleft Lip/Palate and Craniofacial Centers include but are not limited to maxio-facial surgery, plastic surgery, craniofacial surgery, dental, orthodontics, speech and language, audiology, and otolaryngology.

Nearly 15,000 children received evaluation and/or treatment in one or more subspecialty services. Nearly 1,800 received Cleft Lip/Palate services through the multidisciplinary team approach. Of children served, 42 percent received Medicaid and/or NJ FamilyCare and approximately four percent were uninsured. Eighty percent of children served were under age 13, with the largest segment being from five to13 years of age.

Hemophilia Services

State funding is utilized to support, in part, four regional hemophilia centers. The centers provide the necessary support personnel to ensure appropriate outpatient and inpatient medical care and coagulation laboratory services for approximately 400 New Jersey residents with hemophilia A and B. The centers also provide services to an additional 1,377 patients with other coagulation or bleeding disorders. Services are provided across the lifespan emphasizing the special requirements of those facing transition from pediatric-specific services to adult-specific services.

State funds also support the Hemophilia Association of New Jersey (HANJ) for the purchase of health insurance policies for approximately 53 individuals with hemophilia on home care/self infusion treatment to ensure the immediate availability of the necessary blood products.

Women's Health

The Office on Women's Health (OWH) serves as an information and resource center for women's health information and data, and advocates for the implementation of effective strategies to improve women's health. The Office coordinates efforts with other state departments whose services impact in this area, as well as non-governmental providers and community organizations.

FY2004 included many diverse events and initiatives for the Office on Women's Health (OWH). We supported the Women's Heart Foundation year-long campaign "Take NJ Women to Heart", November 1, 2003 – October 31, 2004. This campaign is designed to focus attention on cardiovascular disease (CVD) and to educate both the public and health professionals regarding some of the unique factors concerning women and CVD.

The Women's Heart Foundation has partnered with 15 hospitals throughout NJ, reaching health professionals and consumers through medical conferences, women's heart week outreach events, women's wellness centers and corporate lunch and learns. They have circulated educational materials to thousands, conducted television advertisements and radio spots and hosted events such as the women's heart walk/run during National Women's Health Week in May.

In addition, they have initiated a research project, Teen Esteem, which focuses on prevention in adolescent girls attending Trenton Central High School. A Rutgers University research team will be following the girls for three years to measure the program's efficacy with a focus on preventing heart disease in this vulnerable population. This dynamic, grass-roots community organization depends on the Department of Health and Senior Services for continued funding for this work.

In addition, the OWH has participated in conferences in the areas of violence against women and girls, women with disabilities, and minority women's health. The OWH also attended a conference in Arizona for women's health directors throughout the country. The OWH participates on two advisory councils (Governor's Advisory Council Against Sexual Assault and the NJ Disability Health & Wellness Advisory Board) as well as the Office of Cancer Control's cervical cancer workgroup.

The health of women is promoted through presentations to women's groups and media interviews. Events have included women's heart week and National Women's Health Week, where culturally competent materials on a variety of topics critical to women's health were disseminated. The Women's Health Summit Report was distributed to 250 organizations as a blueprint for the OWH, identifying critical areas and strategies to address the issues.

Chronic Disease Prevention and Control – Adult Health

Diabetes Prevention and Control Program

This health promotion and education program's mission is to reduce the burden of diabetes through raising awareness of diabetes: how to prevent the disease, how to control it, and how to prevent complications such as eye disease, amputations, and kidney failure. The program is also responsible for estimating the number of people affected by diabetes in New Jersey. The program supports efforts of the Commission for the Blind and Visually Impaired for the statewide Diabetic Eye Disease Detection program, which screened over 1,000 individuals last year.

The Program and the Office of Minority and Multicultural Health implemented a diabetes prevention campaign targeted to the Hispanic population. Movimiento, an audio CD developed by the National Diabetes Education Program (NDEP), was distributed to encourage individuals of Hispanic ethnicity to increase physical activity through dancing.

Over 1,700 consumers and 330 primary health care providers were reached through the Diabetes Outreach and Education System project, an education and awareness raising effort, in Atlantic, Ocean, Cape May, Cumberland, and Salem Counties.

"Health Alert in Diabetes Care: Diabetes and Cardiovascular Disease" was made available to thousands of health care professionals for distribution to their patients. More information on diabetes is available on the website at: http://nj.gov/health/fhs/diabindex.shtml.

Comprehensive Care for Huntington's Disease

A grant to the University of Medicine and Dentistry supports, in part, comprehensive care services, education, counseling, social services, outreach and in-service programming for patients and over 125 families affected by Huntington's disease. It also provides professional education about Huntington's disease and outreach services to professionals and care facilities. Support group meetings, genetic testing and counseling services and clinical management are just some of the services provided to affected families.

Pharmaceutical Services For Adults with Cystic Fibrosis

State appropriations support a grant to the New Jersey State Organization of Cystic Fibrosis to administer a program of financial assistance to adults with cystic fibrosis for the purchase of prescriptions drugs, medical equipment and supplies, nutritional supplements and nutritious foods that are necessary for the treatment of the disease. The program also provides up to $500 per year to help meet the cost of the deductible on health insurance for adults with cystic fibrosis. During the past year, 95 low income adults with cystic fibrosis were provided financial assistance in purchasing medications, nutritional supplements and supplies and equipment essential for maintaining health. This represents a 13% increase over the number of patients served in 2003.

End Stage Renal Disease (ESRD) Patient Assistance

The Trans Atlantic Renal Council administers funds to dialysis facilities to provide financial assistance to dialysis patients with no other financial resources for medication and nutritional supplements. During the past year, 1,190 low income persons with ESRD were served. Sixty seven dialysis facilities participated in the program. Products covered by the program in the last year included nutritional supplements, cardiovascular agents, gastrointestinal agents, and anti-diabetic medications.

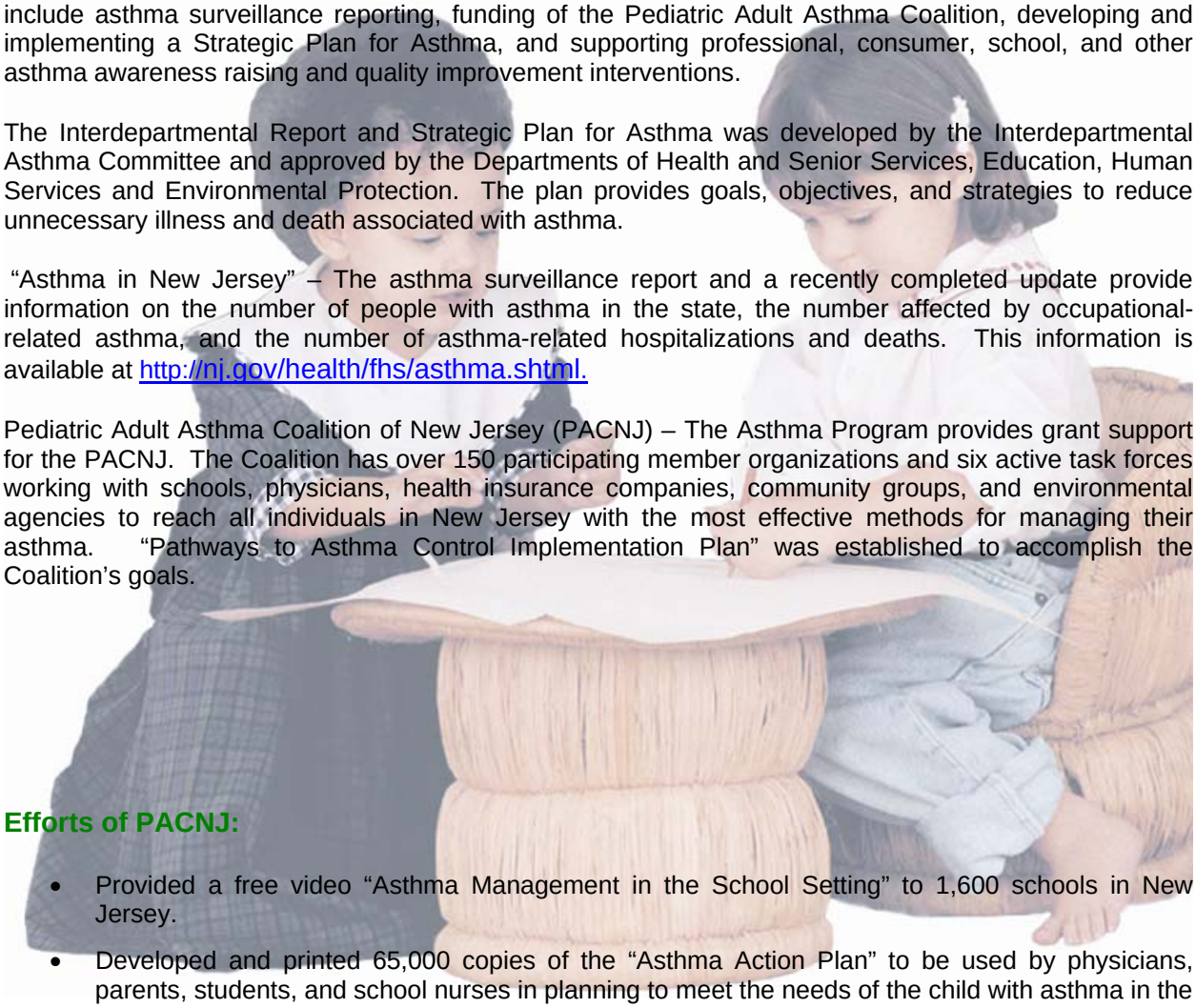
Asthma Program

The goal of the Asthma Program is to coordinate efforts so that the capacity of the State to address asthma, its causes, and complications is enhanced and the burdens of asthma reduced. Activities include asthma surveillance reporting, funding of the Pediatric Adult Asthma Coalition, developing and implementing a Strategic Plan for Asthma, and supporting professional, consumer, school, and other asthma awareness raising and quality improvement interventions.

The Interdepartmental Report and Strategic Plan for Asthma was developed by the Interdepartmental Asthma Committee and approved by the Departments of Health and Senior Services, Education, Human Services and Environmental Protection. The plan provides goals, objectives, and strategies to reduce unnecessary illness and death associated with asthma.

"Asthma in New Jersey" – The asthma surveillance report and a recently completed update provide information on the number of people with asthma in the state, the number affected by occupational-related asthma, and the number of asthma-related hospitalizations and deaths. This information is available at http://nj.gov/health/fhs/asthma.shtml.

Pediatric Adult Asthma Coalition of New Jersey (PACNJ) – The Asthma Program provides grant support for the PACNJ. The Coalition has over 150 participating member organizations and six active task forces working with schools, physicians, health insurance companies, community groups, and environmental agencies to reach all individuals in New Jersey with the most effective methods for managing their asthma. "Pathways to Asthma Control Implementation Plan" was established to accomplish the Coalition's goals.



Efforts of PACNJ:

- Provided a free video "Asthma Management in the School Setting" to 1,600 schools in New Jersey.
- Developed and printed 65,000 copies of the "Asthma Action Plan" to be used by physicians, parents, students, and school nurses in planning to meet the needs of the child with asthma in the school setting.

- Established a PACNJ website www.pacnj.org to provide information about PACNJ, asthma, downloadable asthma resources, and links for asthma information. By August 1, 2004, the website had over 358,000 hits.
- Developed an asthma management system for child care providers including training opportunities and a video. Three pilots of the program were conducted in the fall 2004.
- Created and printed 200,000 English and 50,000 Spanish "Top Ten Actions to Control Asthma Triggers in the Home."
- Provided 2,200 "ABC's of Asthma are All 'Bout Control" teacher resource kits to New Jersey schools.
- Produced and distributed over 500 bilingual asthma videos.
- Created and printed 20,000 physician resource cards "Stepwise Approach to Managing Asthma Care." This card may be downloaded from the website at www.pacnj.org.
- Trained 50 respiratory therapists to conduct training for school nurses.
- Developed an "Asthma and New Jersey Law Fact Sheet" which has been placed on the web at www.pacnj.org.

New Jersey Cancer Education and Early Detection (NJCEED)

The NJCEED Program uses funding from Centers for Disease Control and Prevention (CDC) and the State to support comprehensive breast, cervical, prostate and colorectal cancer outreach, education, screening, tracking, follow-up and case management services in all 21 counties in the State. The goal is to increase the awareness of each person's risk for breast, cervical, prostate and/or colorectal cancer; and to encourage them to use screening services for early detection and more effective treatment in an effort to decrease morbidity and mortality due to cancer.

A total of 12,402 women were served FY 2004. This is a 16% increase over the targeted level and an 11% increase from the previous fiscal year.

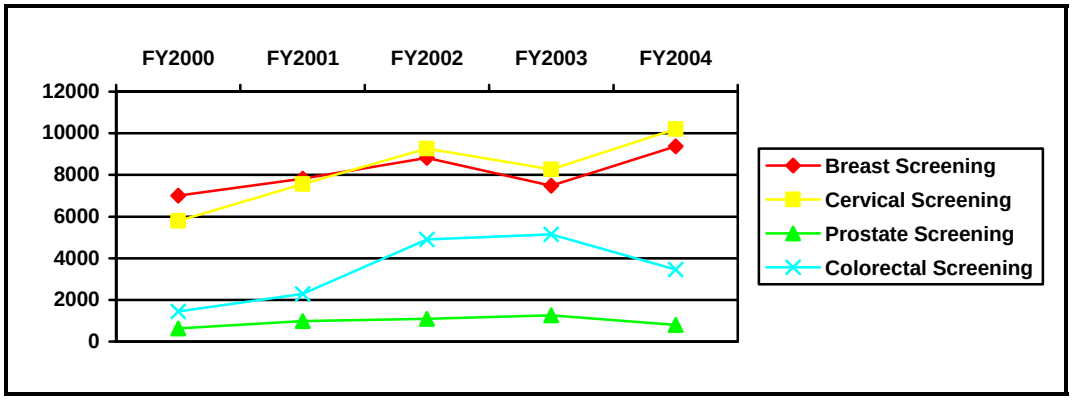
A total of 9,378 screening mammograms were performed in FY 2004, an increase of 20% from the previous fiscal year (7,478 for FY 2003). Seventy-eight invasive breast cancer cases were diagnosed and treated for FY 2004.

A total of 10,207 Pap tests were performed in FY 2004, a 19% increase in screening from the previous fiscal year (8,269 in FY 2003). There were a total of 167 cases of CIN I-III and invasive cervical cancer diagnosed and treated in FY 2004 (126 in FY 2003).

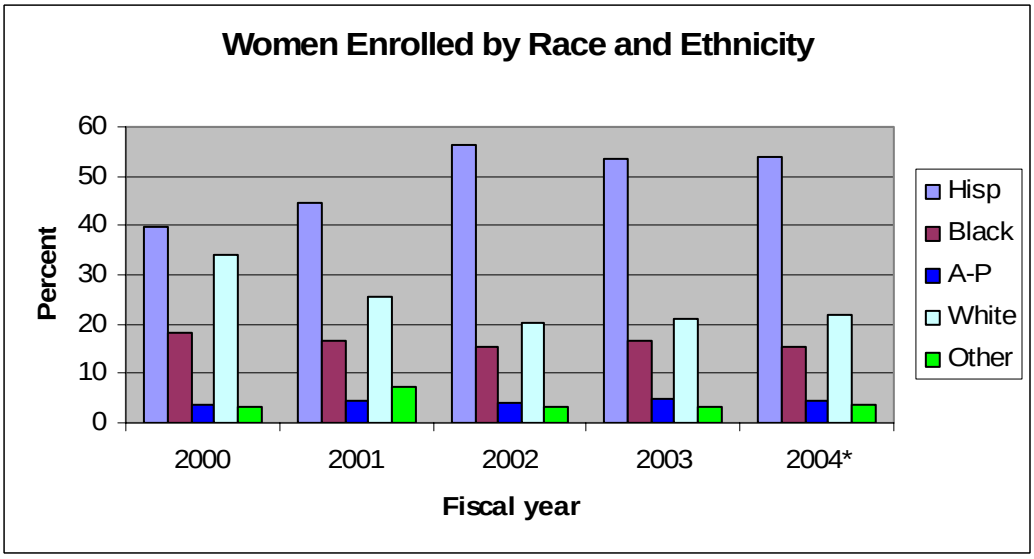
A total of 3,502 colorectal cancer screenings were performed in FY 2004 with one case of colorectal cancer detected and treated.

A total of 821 men were screened for prostate cancer in FY 2004 with eight cases of prostate cancer diagnosed and treated.

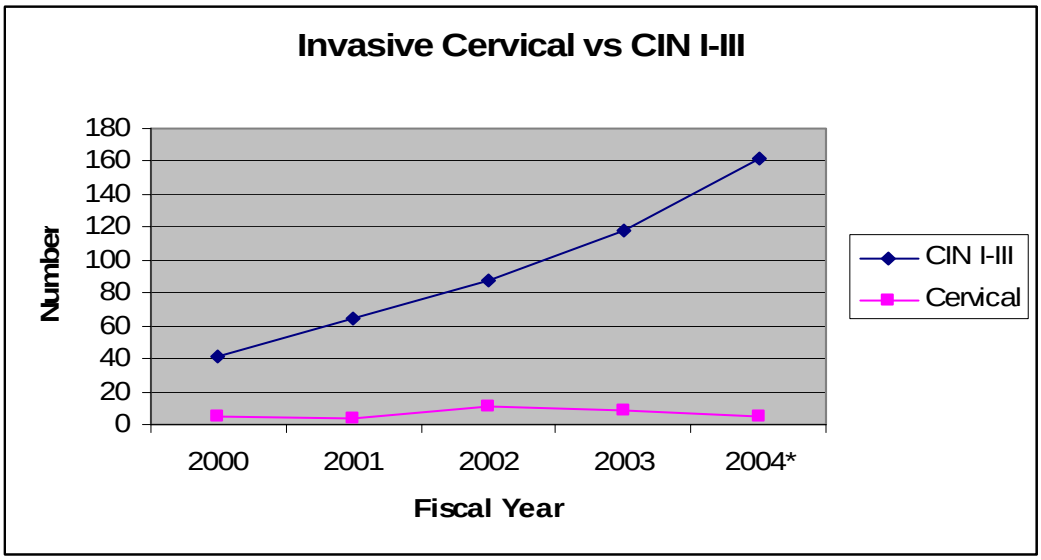
The following table shows that screening numbers for breast and cervical cancers continue to increase. The screening numbers for the colorectal and prostate cancer are incomplete due to the ongoing conversion into the new Colorectal and Prostate data system; the number is expected to increase with the completion of the data conversion.



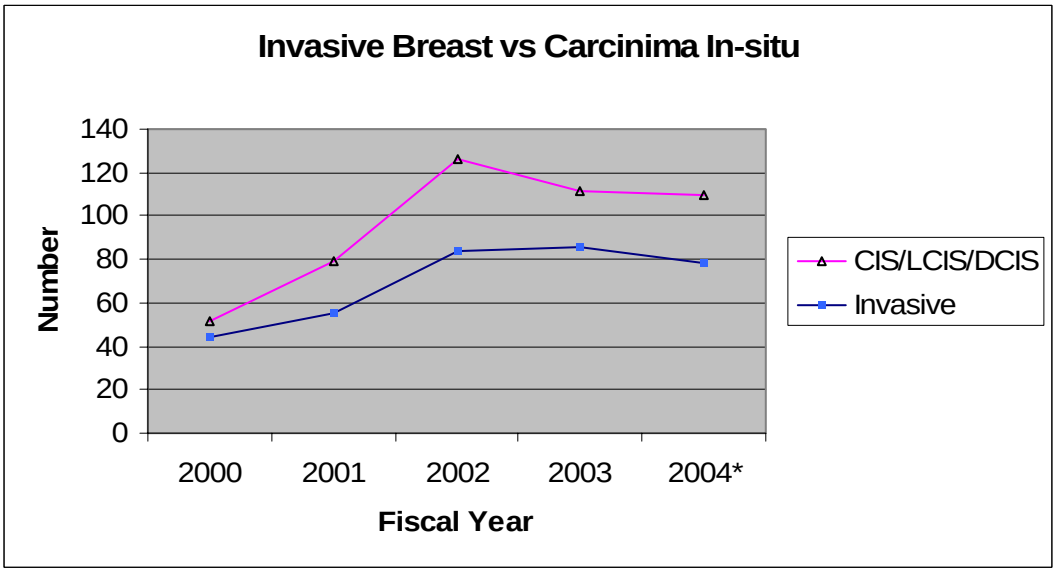
The next table indicates the race and ethnicity of the women in the NJCEED Program. Of the 7,112 women enrolled in the NJCEED Program in FY 2004 (verses 6,711 in FY 2003), 53.9% were Hispanic (no change from FY 2003). For race, 15.6% of the women enrolled were Black non-Hispanic, a decrease from FY 2003 (16.5%). There was no change in the percent of Asian-Pacific Islander (4.5%).



Cervical Cancer: There has been a continuous increase in the diagnoses of CIN I-III (Cervical Intraepithelial Neoplasia), a precancerous lesion of the cervix, to the number of invasive cervical cancers diagnosed (Table 3).



Breast Cancer: Invasive breast cancer continues to be the most common cancer found in women statewide and nationally. Between FY 2000 and FY 2004, the NJCEED Program has diagnosed 347 cases of invasive breast cancer; and, 131 cases of Carcinoma In-situ (CIS), Lobular Carcinoma In-situ (LCIS), and Ductal Carcinoma In-situ (DCIS). There were eight fewer invasive breast cancer cases diagnosed in FY 2004 (n=78) compared to FY 2003 (n=86). Through early screening, the number of diagnosed precancerous (CIS/DCIS/LCIS) breast lesions has increased from 25 in FY 2003 to 32 in FY 2004. (Data is provisional.)



Over a period of five years, the NJCEED Program has diagnosed and treated 472 cases of in-situ and invasive breast cancer, 533 cases of CIN I-III, 33 cases of invasive cervical cancer, four cases of colorectal cancer, and 12 cases of prostate cancer. With the dramatic increase in screening through the NJCEED Program, trend analyses indicate that there should be an increase in the identification of pre-cancerous lesions, a target of all early cancer detection programs.

NJCEED Outreach and Education

- The NJCEED Program developed an interactive educational monologue about cervical cancer, targeted to women of Hispanic origin, entitled**:** "*Cervical Health: A Cry for Help".*

- Three regional breast cancer walks/rallies to promote breast cancer awareness took place on May 5, 2004 in the cities of Trenton, Jersey City and Camden. Posters, billboards and flyers were circulated around the state.

- Barbershop Prostate Cancer Campaign – The NJCEED Program worked with the ProstateNet and MGM Studios to embark on a partnership to train African American barbers in New Jersey as lay health persons to convey information about prostate health, especially to African-American men, to participate in prostate cancer screenings. This was done in conjunction with the movie, released by MGM in February 2004, Barbershop II.

- The 8th Annual Rite Aid Mother's Day Partnership Campaign: "A Mammogram for Women's Health*"* was held May 1- 31, 2004. All 180 Rite Aid stores in New Jersey participated. The 25 NJCEED Lead Agencies conducted educational sessions and distributed breast cancer awareness promotional materials to women at Rite Aid Drug Stores in New Jersey during the month of May.

- June 2004 Prostate Cancer Awareness Month in New Jersey – A series of events around the state highlighted the theme for this year "Families and Healthy Communities: A Celebration of Wellness*"*. The 2nd Annual Run for Dad in Mercer County Park was held on Father's Day, which encourages fathers and sons to walk for this effort.

Primary Health Care Services

New Jersey's Centers for Primary Health Care

In SFY 2004 the number of Federally Qualified Health Centers (FQHCs) grew to 20, from 17, and now can boast 55 licensed and operational sites. Twelve sites are pending licensure.

Capacity Building and New Access Point Activities: SFY 2004

The state fiscal year 2004 budget allocated $10 million to increase the ability of existing FQHCs to see more uninsured patients and to develop new access points throughout the state in areas designated as Medically Underserved Areas (MUA) by the U.S. Department of Health and Human Services/Health Resources and Services Administration.

Capacity Building activities

Grants were awarded to increase access to preventive and primary health care for New Jersey's underserved and uninsured populations through 14 existing FQHCs by increasing the capacity of their facilities and staff, including the provision of new services such as women's health care, dental services and marketing. Also, funds were used to support renovations to existing facilities and lease/rental of new locations for those centers at maximum space capacity.

Highlights of capacity building activities

- 20.5 new medical or dental practitioners
- Over 12,000 new patients
- Over 20,000 additional patient visits

Examples of capacity building activities that were successfully implemented

- Jersey City Family Health Center (JCFHC) – Added 9.5 full time staff and expanded hours at six different sites.

- Newark Community Health Centers – Co-located a comprehensive women and children's health care delivery program within a community- based social services organization (Newark Emergency Services for Families). This site was selected because of the high number of users who report being underinsured or uninsured and the high number of women and children who lack a primary care provider.

- Community Health Care – Opened a dental site in Bridgeton in March 2004 and hired a full-time dentist.

- Horizon Health Center – Added medical and dental staff including an OB/GYN physician and a nurse midwife. Further, capacity building included medical record conversion and the upgrading of the MIS system at two sites.

- North Hudson Community Action Corp (NHCAC) – Expanded dental and medical service hours to evenings and weekends at Jersey City and Union City sites. Expanded medical services at West New York site.

- Paterson Community Health Center – Added medical and dental providers and increased hours of operation.

- Plainfield Health Center –Renovated its main site and increased medical and dental providers.

- VNA of Central NJ – Installed a statewide demographic database and initiated prenatal, nutrition, and mental health services.

- Southern Jersey Family Medical Centers – Increased OB/GYN and pediatric staff and added one dentist. Southern Jersey Family Medical Centers also implemented a community outreach campaign.

New Access Point Activities

A new access point is a new delivery site for the provision of comprehensive primary care services. A total of $4.3 million was awarded in grants to ten new access points located in designated Medically Underserved Areas/Populations.

Grants were awarded on or about January 1, 2004. Six of the ten new access points have received their designation as FQHC “look-a-likes”, New Starts, or FQHC 330-funded and are fully operational.

Highlights of the ten new access point’s activities are as follows:

- Monmouth Family Medical Center – Received “look-a-like” designation in September 2004; completed licensure for primary medical care and dental services and commenced operations at its Long Branch site in May 2004.

- Dover Community Clinic – Received “look-a-like” status in July 2004 and gained federal designation as an FQHC in October 2004.

- Newark Community Health Center – Its new access point in Irvington became operational in May 2004.

- Ocean Health Initiative (OHI) – Received “look-a-like” status in March 2004. In July 2004 OHI began to receive payments for uninsured visits.

- North Hudson Community Action Corporation (NHCAC) – New access points in Passaic City and Hoboken commenced operations in June 2004 and February 2005.

- Southern Jersey Family Medical – The primary care component of the Pemberton new access point in Burlington County commenced in April 2005.

- NORWESCAP – Two new access points, one in Phillipsburg, Warren County and one in Newton, Sussex County are expected to be operational in early 2005.

Public Awareness Campaign Highlights

During state fiscal year 2004 a statewide marketing campaign was conducted to improve the public's awareness of FQHCs as a source of high quality primary care and support services. The campaign was targeted to areas in proximity to FQHCs, focused on heightened awareness among minority and ethnic populations, and included the initiation of a toll-free information and referral line (1-800-328-3838) known as the Family Health Line.

Placement of campaign materials were across all media categories:

- Major dailies
- Community/ethnic weeklies
- Local TV/radio
- Web calendar listings

Placements cover a variety of topics:

- Local FQHC events
- National Health Center Week events
- Monthly opinion pieces
- Monthly letters to editor

A thirty second commercial was produced and placement included statewide cable TV:

- Affiliates that cover FQHC territory
- BET, MTV, Lifetime, Cartoon Network, Superstation

Multiple advertisements were placed in statewide daily newspapers:

- Star Ledger, Trenton Times, Asbury Park Press, Home News Tribune, Ocean County Observer, Jersey Journal, Atlantic City Press, Camden Courier Post, Gloucester County Times, Salem Sunbeam, Bridgeton News and in Ethnic Newspapers - 13 Spanish-language and two African American papers

Statewide Transit placements included:

- Bus routes in proximity to FQHCs
- Exterior bus kings and interior cards with "take ones"
- English and Spanish

A thirty second radio announcement was produced and played on Ethnic Radio:

- three Spanish-language and three African American stations

Uninsured Reimbursement Formula

New Jersey's Federally Qualified Health Centers (FQHCs) receive federal support to provide ambulatory and support services to the poor and the uninsured. Since 1991, NJ has used state funds to further assist FQHCs, and more recently "look-a-likes", that provide primary care services to uninsured residents of the state. This funding comes from a statewide tax of 0.53% levied on the operating revenue of New Jersey's hospitals. Funds from this tax (referred to as "0.53 funds") comprise the Health Care Subsidy Fund, which was created by the Health Care Reform Act of 1991 and is administered by the New Jersey Department of Health and Senior Services (NJDHSS).

To improve the allocation of 0.53 funds, the Rutgers Center for State Health Policy (CSHP) collaborated with the Department of Health and Senior Service (DHSS) to develop and evaluate a number of potential reform options. Options were formulated based on a review of health center subsidies that are available in other states and an analysis of varied methodologies to create a reformed payment formula that satisfies the following criteria:

- The new formula must provide reimbursement for all qualified uninsured visits – i.e., baselines are to be eliminated.
- To address imbalances in the ability to cross-subsidize uninsured care, the new formula must give additional consideration to centers with a high uninsured burden defined as percentage of total patient volume attributable to uninsured patients.
- To preserve equity between centers and avoid the creation of perverse incentives, the range of reimbursement per visits should be limited between centers.
- The new payment formula must be sufficiently easy to apply given the existing level of administrative resources available.

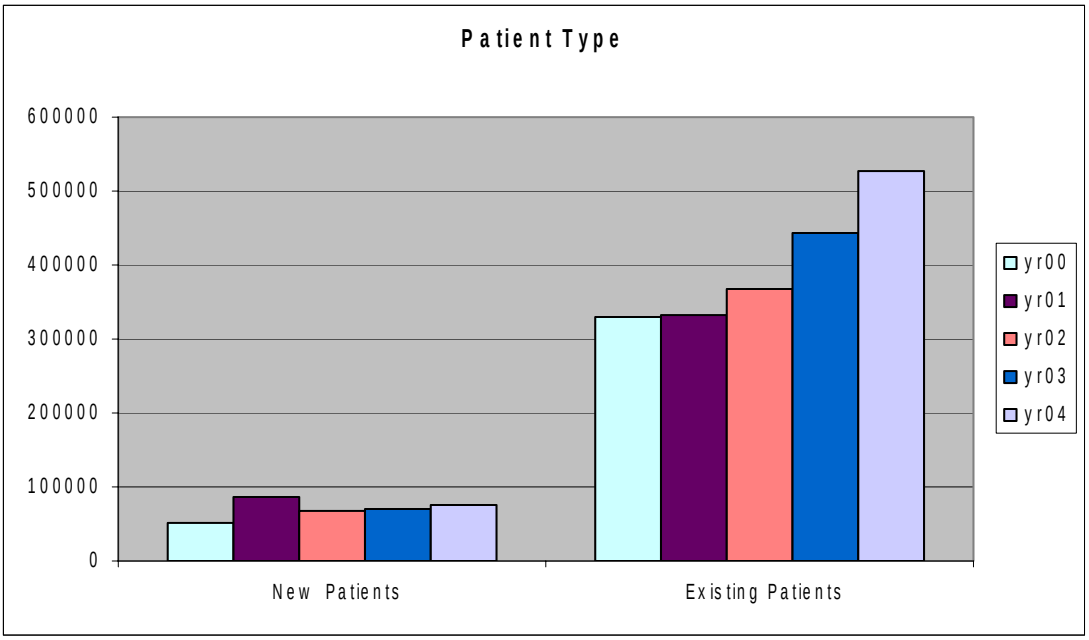
Electronic Billing and Data Collection

The Department in cooperation with the New Jersey Primary Care Association supported the development of an electronic data collection and billing system during SFY 2004. As of October 2004, nine of the 14 health centers are electronically billing and submitting patient demographic and diagnostic information. By January 1, 2005, all health centers were expected to use the new electronic system.

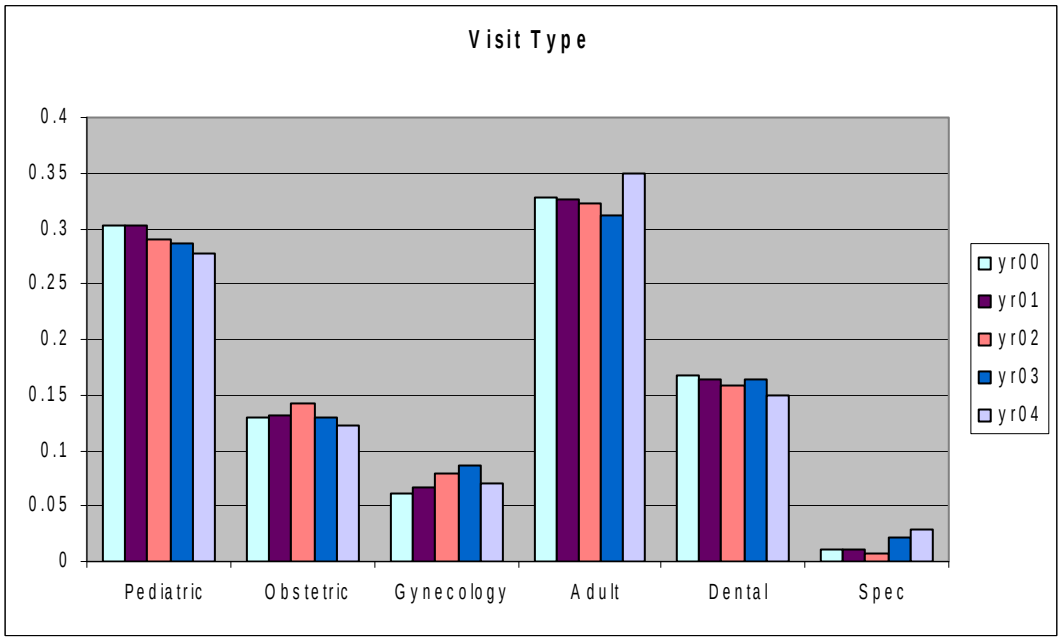
SFY 2004 Data

In SFY 2004, there was a 24 percent increase over SFY 2003 in both the total number of uninsured visits (197,694) and total number of reimbursed uninsured visits (140,451). Reimbursement for uninsured visits, to eleven FQHCs, totaled $14.6 million. This figure is expected to continue to grow as capacity building activities are implemented and new access points open.

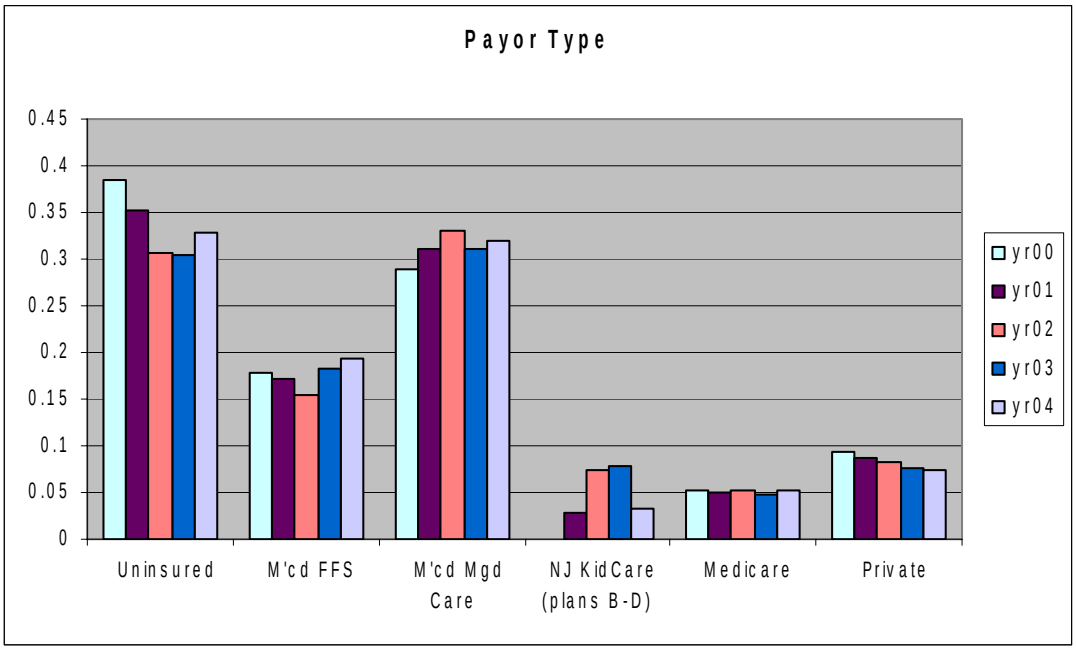
The following chart shows the growth in patients receiving primary health care in a FQHC for five state fiscal years:



The following chart shows the type of visits provided by the FQHCs over the past five years.



The following chart shows payor type for services delivered by FQHCs over a five year period.



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